



Crisis intervention for Muslim women experiencing sexual violence or assault.

Fariya Begum and Anjum Rahman.

A project to inform Good Practice Responding to Sexual Violence – Guidelines for mainstream crisis support services for survivors. Round Two. TOAH-NNEST 2016.

Funded by Lottery Community Sector Research Fund.

This research was undertaken by Shama (Hamilton Ethnic Women’s Centre), with the report prepared by Fariya Begum (Social Worker) and Anjum Rahman (as a secondary contributor). Anjum is a member of the ACC advisory panel for the Mates & Dates programme, and involved in prevention work undertaken for the Campaign for Consent Hamilton group.

Research oversight was provided by Dr Julie Wharewera-Mika, Lead Researcher for the Good Practice Responding to Sexual Violence project. Specific support included review of the literature, analysis of the interview content, and editing of the report.

The research team would like to acknowledge the participants who generously shared their time and expertise, contributing to the development of the recommendations for Good Practice that follow.



Abstract

Muslims within New Zealand increasingly belong to diverse class, ethnic, professional and educational backgrounds. Statistics show that in New Zealand, the Muslim population is the most rapidly growing religious group, with the Muslim population increasing six-fold between 1991 and 2006. Today, Muslims comprise 1% of the whole country's population (Ward, 2011) but the services that cater to this community are scarce. This report focuses on understanding sexual abuse and assault in a Muslim context and the needs of Muslim women from sexual violence crisis support services. From this information good practice recommendations for service delivery have been identified, including workforce development, to better meet the needs of this community.

This qualitative study aims to provide solutions and specific guidelines that can be implemented to provide support that better caters to the needs of Muslim women. A literature review is included but is not exhaustive, as there is an abundance of international literature supporting the fact that Muslim women facing sexual and intimate partner abuse have specific issues and needs when in such a crisis situation. This report is limited to sexual abuse suffered by Muslim women, with males as perpetrators.

A focus group was conducted, comprising members of the Muslim community, to discuss how women could be helped and supported in such circumstances. In addition to the focus group, semi-structured interviews were also conducted with Muslim community leaders and key stakeholders. Thematic analysis of the focus group discussion and the interviews generated three categories: sexual violence in a Muslim context, cultural and mainstream support systems accessed by members of the Muslim community and recommendations. These categories are further broken down into themes namely: shame, reluctance, blaming the victim, support, lack of rights, and knowledge.

The findings not only break down the guidelines into specific and exclusive needs but also reveal the barriers that women face in accessing mainstream services. The findings from this report will form a base for the development of good practice guidelines when working with Muslims, for the 'Good Practice Guidelines for Mainstream Crisis Support Services (round two)' report.

Background and Analysis of Sexual Abuse

Almost 50,000 people in New Zealand identify as Muslim, making up 0.9% of the total population (Nazari, 2014). This community comes from different ethnic groups and nationalities, such as Iran, Malaysia, Turkey, Indonesia, Afghanistan, Pakistan, the Balkans, India, Bangladesh, Somalia, Bosnia, Djibouti, and Fiji. There are approximately 3,000 of European descent and also a growing community of Maori Muslims (Nazari, 2014).

Auckland Sexual Abuse HELP states that one out of three girls and one out of five New Zealand women suffer serious sexual assault. These assaults are mostly perpetrated by people known to the victim/survivor (HELP, 2015). There appears to be a gap in the collection of reliable sexual assault statistics for Muslim women. This can be for many reasons such as lack of research within the Muslim community, lack of acceptance and acknowledgement of sexual violence amongst this community, or victims not disclosing or feeling a strong reluctance to disclose, which makes it difficult to gather data on this issue. Many other countries also lack information and resources on abused Muslim women (Alkhateeb & Abugideiri, 2007) and there is no data available (Shalhoub-Kevorkian, 1999a; Alkhateeb, Ellis & Fortune, 2001).

However, it cannot be concluded from the absence of data that sexual violence and abuse do not exist in the Muslim community. Muslim women are not safe from this devastating crime which also occurs in other Muslim and western countries (Gohir, 2013).

Sexual violence in intimate relationships

The United Nations recognises women as having fundamental rights to be safe from male violence and “two parallel transformations” have been developed that are central to this declaration. One is to advocate for “increased recognition of the extent to which rape typically involves intimates”. Koss & Heise (1994) suggest that “normative rape” is defined as “genital contact that the female does not choose, but that are supported by social norms” (Roze as cited in Koss & Heise, 1994) and where refusal is objected to or not accepted by society. For example, “acquaintance rape” within marriage or a partnership or with someone familiar to the woman is included in the definition of “normative rape” (Koss & Heise, 1994). Muslim society, affected by local cultural traditions, is also influenced by the traditions of patriarchy, which is discussed further in the report. In some Muslim communities there is a perception that “a wife is her husband’s sexual property and he can treat her as he wills” (Barlas, 2006). In 2009,

Afghanistan was considering a controversial law for its minority Shi'a population, making it a requirement for wives to have sex with their husbands "once every four days" (Barlow, 2009). Barlas (2006) explains why this is wrong, and that in a Muslim marriage the wife and husband are each other's "awliya" (friend and guide). They are required to have mutual respect for each other in each and every aspect of their lives, including their sexual desires. Much sexual violence may be counted as domestic violence, but the scene may not be treated as a crime scene and husbands may not be seen as perpetrators.

The other type of rape identified by Koss & Heine (1994) is "non-normative rape" where there "is a lack of choice or consent by the woman to engage in sexual intercourse" and there is evidence of "illicit, un-condoned genital contact that is both against the will of the woman and in violation of social norms for expected behaviour".

In both situations, whether rape by a stranger or rape by a husband, the woman goes through trauma and Muslim women face specific issues with that. Legal and mainstream social services are part of the solution but alone cannot suffice the needs of Muslim survivors. There is a need for an environment where women are not blamed, feel safe and supported and most importantly are empowered to help themselves and be a resource to others. Along with services, there is a need to understand the background, culture and history of the woman who has faced sexual abuse.

Sexual violence in the Muslim community in a New Zealand context

There are some services for domestic violence provided by a Muslim-led organisation (e.g. FATIMAH Foundation) and some research done on mental health issues and services (Shah & McGuinness, 2011; Affinity Services; Culbertson & Shah, 2011). However, the local Muslim community lacks any specialised service or research for Muslim women suffering sexual abuse and intimate partner violence. An exploration is required of this issue that is almost invisible within the Muslim community, but before this it is necessary to understand the target client. The following paragraphs review the status of women in terms of the religion of Islam; how rape and sexual violence is viewed by Muslims within the cultural, religious and patriarchal realms; and the barriers to disclosure.

Health Issues

Studies report that psychiatric symptoms such as stress, depression or anxiety are associated with violence and help-seeking behaviours are influenced by factors such as the “hostile environment of violent relationships” (Naeem, Irfan, Zaidi, Kingdon & Ayub, 2008). Research on Muslim women who have suffered Intimate Partner violence shows it has led to health issues such as “decreased self-respect, sexual function defects, eating disorders, post-traumatic stress disorders, and even suicide” and further mention that chronic stress and anxiety may result in somatic disorders. In addition, the research indicates that physical and sexual abuse may result in pregnancies and may lead to “serious pregnancy-related complications” and further health deterioration like “prenatal bleeding, foetal fractures, chorioamnionitis, maternal infections, uterus, lung or spleen rupture, abortion, stillbirth and premature birth” (Akyüz, Yavan, Şahiner & Kılıç, 2012). People who migrate under refugee status have different medical issues in cases of sexual abuse and torture such as “damage to cervix and uterus, fissures, fistulas, pain from the testes, irregular periods, etc...” (Ministry of Health, 2012).

This research is particularly focused on Muslim women - refugees who are settling in New Zealand come from countries that are predominantly populated by Muslims like Afghanistan, Iraq, Somalia, Ethiopia (which are amongst the top five source countries of quota refugees in New Zealand), Djibouti and Somalia (Ministry of Health, 2012). As the data is entered in the terms of ethnicity, it is difficult to accurately determine the numbers by religious groupings. Throughout this research, the issue of lack of data and statistics on religion has been common. These health issues cannot be assumed to be limited to Muslim women. However, the approach that Muslim women have towards health care after incidents of sexual abuse and/or sexual violence from a family member must be given attention. Fauzia Lodhi (2006) suggests culturally appropriate health care for Muslim woman is needed, and mentions that there may be barriers for women approaching health services, for example:

- “Insensitivity” to the modesty of many Muslim women, such as the hospital gown and the procedures that a woman has to go through (particularly following sexual abuse).
- “Lack of education, intimidation, and lack of exposure to the world”- Woman hesitate to enquire and question consultants (as it is seen as questioning their capability) about the process and also do not take

part in making informed decisions about their treatment, as they are unaware of their rights.

- Lack of research on every aspect that affects Muslim women, such as medicine, mental health or social problems.
- Religious beliefs - Muslim women may believe that these issues are from God and may accept the situation they are in. They may also believe that patience and enduring pain is the way to gain forgiveness.
- Mistrust of the wider population and media- Stigmatisation of the Muslim community in general, and women in particular, is a barrier for them to approach healthcare services.
- The cultural attitudes held by some Muslim women of putting their family and family honour before themselves (Lodhi, 2006).

Islam and Women

“And among His signs this that, that He created
For you mates from among
Yourselves that ye may
Dwell in tranquillity with them, and
He has put love
And mercy between your (hearts)” (Chapter 30, Verse 21 of the Quran)

Prophet Mohammed (PBUH), regarded by Muslims as their leader and the last Prophet of God, has himself condemned men hitting their wives and there is no account of him hitting any woman or child in his lifetime. In the last sermon by Prophet, he emphasised to men that “they must be kind to their women” and further stressed that “wives have rights over their husbands in addition to husbands having rights over wives; that wives are to be treated well, for they are their husbands' partners and committed helpers” (Faizi, 2001).

The Prophet has also stated that “the strong man is not the one who can use the force of physical strength, but the one who controls his anger” (Faizi, 2001). The importance of reciprocal kindness and mercy are clearly expressed in the previous passage and explain the status and position of women in Islam. Thus any form of domestic violence or ‘zulm’ (torture, injustice, tyranny, cruelty, deprivation) in marriage is a “clear violation of Islamic law”. Women have the right to equity, freedom and kindness and they also should have freedom from “fear of any human being, freedom from all oppression, the right to justice, freedom from defamation, and the right to peacefulness even during divorce”(Faizi, 2001).

But the interpretation and translation of Arabic words by many scholars has resulted in giving power to men to exercise violence in the name of religion. Aspects of obedience and “qawwamun” (protection, maintenance and safeguarding) have been misinterpreted leading to demands for women to be submissive, overpowered and to be put in a degraded category by abusive men (Faizi, 2001).

Sexual Abuse and assault: Shalhoub-Kevorkian (1999a) argues that “rape is a cross-cultural crime stemming primarily from patriarchal ideologies and gender power” and further states that various cultural groups have yet to understand the effects of this heinous crime on the victims (Shalhoub-Kevorkian, 1999a). Through the article, this author aims to highlight the “multidimensionality” of the crime and to further explore the “intricacy of social reactions to rape, the rape victim and abuse of women, deriving from a socio-cultural need to protect and/or control victims”. The article suggests that factors like hiding the occurrence of rape, preserving virginity, silencing the victim to preserve family dignity and honour leads to weakening and “re-victimising” the victim. The research further argues that there is “no universal method of dealing with rape victims and those professionals who are assisting victims of rape need to anchor their efforts within the cultural context, while at the same time treating each victim as a world unto herself”.

This research was conducted in Palestine, which is predominantly a Muslim populated country and the author explains that it is the social context and values that inform and shape the concept of rape, victim and abuser, and therefore the ways we attend to the needs of the victim. There is a need to be aware of and to explore the different power structures and the socio-cultural context that the victim is in and how it affects the victim herself. Shalhoub-Kevorkian (1999a) reminds us that there is also a need to be aware that “no single model of intervention should be imposed indiscriminately; rather, the uniqueness of each case needs to be taken into consideration”.

International research: Sexual Violence and Patriarchy

A research report from Pakistan provides facts on violence against women and mentions that 8,539 women were victims of violence in the 2011 year. It further stresses that there was an increase in sexual assaults, acid-throwing and honour killings (Shaheen, 2014). Although these crimes were gradually increasing and constant reports of such incidences were in the media, neither the state nor society was interested in any form of measures against them. Sources included in this report noted 800 women had committed

suicide because of domestic violence and of these 28.66% reported sexual violence and 93% reported marital rape. Shaheed (as cited in Shaheen) also highlights that the reason for violence is related to male dominance and mentions that not meeting the demands of their husbands or dishonouring a member of the family may lead to violence. Another article mentions that a woman may suffer and stay in such a relationship because of the religious beliefs that her husband or others in the community may instil in her. Similarly, an account of an incident is mentioned wherein a woman's religious convictions caused her to stay in an abusive relationship. This shows that sometimes a misunderstanding of religious rights and laws may become an obstacle for the victim (Faizi, 2001).

From a religious perspective, Islam is a faith with the main drive of creating a fair and just 'ummah' (community) yet many Muslims turn a blind eye towards scriptural foundations and are unaware of both the rights of a woman and the boundaries of marriage. Although justice is the main purpose of Islam, injustice is overwhelmingly entrenched in the "traditional fabric of the way Muslim women are treated" (Alkhateeb, Ellis, Fortune, 2001). Most importantly, Islam does not demand submission of a woman to her husband as "submission is only to God" but traditional practises override the interpretations of religious texts and sources. Unfortunately, some women are suffering through the devastating effects of violence and are "locked in hierarchies of power where women are at the bottom" (Alkhateeb, Ellis, Fortune, 2001).

Cultural and religious identity and context:

To understand Muslim women, it is important to understand the religious and cultural context they come from as these most importantly contribute to "people's perceptions, interpretations and responses to the phenomenon of domestic violence" (Abugideiri, 2011). Religion and culture are deeply intertwined and influence different perceptions. Immigrants from Muslim countries may follow practises from their home countries that are untouched by any challenges or contradictions. On the other hand, the practises of a Muslim person growing up in a Western country may be different to those of an immigrant.

Religious sects include mostly Shia and Sunni. Further, the literature explains that there may be further affiliations depending on the level of religiousness or practises. For example, some groups believe in the literal meaning of Quran whilst others believe that the Quran may be interpreted in more than one way; some believe in the equality of both men and women in Islam and some believe that men are treated better than women

(Abugideiri, 2011). They may range from being extremely conservative to being liberal or secular. Authors suggest a typology that categorises Muslims according to their practise: “traditional (strongly practising), bicultural (moderately practising), acculturated (marginally practising), assimilated (non-practising) and recommitted (strongly practising)” (Alkhateeb & Abugideiri, 2007). Or they can be categorised by their “degree of literalism” by which they interpret Quran: “orthodoxists (literal interpretation of the Quran and Sunnah), inclusionists (a selectively modernist interpretation of the Quran using the Sunnah as a complement), reformists (a modernist interpretation of the Quran using primarily the essence of the Sunnah - practises of Mohammed pbuh), and minimalists (belief in the essence of the Quran without engaging in ritual practises, and rejecting virtually all the Sunnah as outdated)” (Abugideiri, 2011; Alkhateeb & Abugideiri, 2007).

Disclosure of sexual violence:

A disclosure of sexual abuse makes the crime visible and known to the wider public, for example the family, legal personnel, doctors and members of society, rather than keeping the event private and confidential. Shalhoub-Kevorkian (1999b) agrees that knowledge of abuse by the wider community “not only calls for societal reaction to it, but also forces members/groups of society to take responsibility by either reacting (i.e. protecting/blaming the victim or defending/criminalizing the offender) or consciously choosing not to act (silencing and denying victimization)”. Further, the author states that the outcomes may affect the victim’s physical, social and psychological state of mind (Shalhoub-Kevorkian (1999b).

Another piece of research on the Muslim community in America also highlights the issue of disclosure and states that “for every case of abuse reported, almost fifty are unreported and that less than two percent of victims actually seek help” (Alkhateeb & Abugideiri, 2007). Nevertheless very little research and support is provided in the American Muslim community. Karmaliani, Irfan, Bann, McClure, Moss, Pasha & Goldenberg (2008) state that “Disclosure of violence is inhibited by fears of escalating abuse, feelings of shame and embarrassment, concern about confidentiality, fear of police involvement, and denial”. On the other hand, immigration may also create barriers. For example, the wife may be a dependent of the principal applicant (mostly men in cases of families coming from other countries) which gives power into the man’s hand to decide the woman’s fate (Alkhateeb & Abugideiri, 2007; Abugideiri, 2011). Simply to save her ‘izzat’ (honour) women surrender to such a destiny. Morfett (2013) believes that disclosure is not an issue where one can take a neutral stance; one has to

“either believe or you don't believe what you are being told”. Hence disclosure can divide families and communities.

Project Overview

Method and Participants

This qualitative study involved a total of 11 participants, seven women from the Muslim community who participated in a focus group discussion, and four Muslim community leaders/key stakeholders who participated in individual interviews to identify recommendations for good practice guidelines for mainstream sexual violence crisis support services working with Muslims. The women focus group participants came from different ethnic and professional backgrounds and most of them have resided in New Zealand for more than 8 years. The median age of participants was 38 years, which ranged from 22 to 44 years. Three of the participants identified as Pakistanis, one from India, one from Djibouti and two were from South Africa. Of the four Muslim community leaders/key stakeholders who participated in individual interviews all had resided in and been a part of the local Muslim community in Hamilton for more than 10 years, being of Indian (Male), American (female) and Somali (Male) descent. Written informed consent was obtained and the participants were given complete information of the background of this research.

Interview Procedures and Data Analysis

The focus group was held at Shama (Hamilton Ethnic Women's Centre). The participants involved in the focus group received vouchers as an acknowledgement of their involvement. Interview questions for the focus group and the interviews were framed around the needs of the survivors. Probing questions and an activity was used to get their perspectives and ideas around sexual violence. The first part of the focus group was around the understanding of sexual abuse and its prevalence within the community and how the group perceived it as Muslim women. This was followed by a discussion about their ideas around what Muslim men thought about this issue and about Islamic values regarding Muslim women. The second part focused more on what services are seen as appropriate when such events occur and how unique the needs of these survivors are. Interviews were audio-recorded with the participants' consent and transcribed to ensure accuracy and to assist with analysis.

Results

The results from the focus group and semi-structured interviews are classified into three categories and are further discussed in themes.

❖ Sexual Violence in Muslim context

- Shame

The participants in the focus group were provided with a list of crimes (attached as an appendix) from which they were asked to pick the crime which they thought was the worst. Sexual abuse or assault was unanimously seen as the worst crime. For the participants who belonged to Asian countries like India and Pakistan, the immediate reply was rape being the worst crime but the participants from South Africa were undecided between murder and rape.

“With murder you die but with rape, you have to live with it. It will be a constant reminder for the rest of your life. Probably rape is worse than dying. From a woman’s perspective I don’t want to live with rape. No.”

“We also have this side where it is swept under the carpet. We don’t want anyone else to know. Things are happening but it’s not spoken about because of the shame of the family. And we don’t want other people to know and other non-Muslims to know that it’s happening in our Muslim community. Sex is very private in our community.”

It’s a difficult irony that women feel and experience a loss of their and their family’s dignity (Jamal, 2012) when they are a victim of rape. Along with bearing the trauma and consequences of rape, a woman also encounters further issues like isolation, being considered unsuitable for marriage, worthlessness or banishment. It is the fear of these consequences that add to the importance of virginity and women protect it more than their life.

- Impact on the whole family/community

It is not only the woman who has experienced assault who faces despair. The family and siblings also face consequences, such as the siblings not getting marriage proposals and parents feeling ashamed of their daughter’s situation. Some parents may feel that they have been at a loss to provide protection for their child where as others feel that it was because of their daughter’s faith that this happened to them. They blame it on her lack of faith.

“If it’s a man whose wife or sister or family member is being raped, then the person is equally affected. But if you are a married person your husband will suffer with you just as much.”

“In a country where Muslims are a minority and the community already feels the weight of bigotry and discrimination, the community often feels very uncomfortable with having more negative publicity attached to them by way of disclosure of a sexual assault. Often the community are concerned with the greater consequences of increased discrimination - which can lead to reduced chances of employment, verbal harassment in public, or worse. This can lead to greater pressure on the victim to keep silent about the abuse.”

Sometimes, as mentioned earlier by one of the participants, the crime or assault is ‘swept under the carpet’ to maintain the façade that the girl is chaste and can be respected. The literacy level and ethnicity of the parents may also have an impact on how they perceive this crime and what they decide to do about it.

- Rights of women in the Quran

When asked to consider if the perpetrator was within the family (in particular the husband), the participants provided ideas from a male’s perspective and also highlighted the issues and impact from a religious perspective rather than a social or cultural perspective. “The fact that marital rape happens within the boundaries of a conjugal contract seems to give the man more authority on the basis of how society positions him and how the man takes the responsibility of protecting the woman which is mistaken to be ‘submission’ by the woman.

“Things are still happening as people are away from Quran, they don’t understand the meaning of Quran and they take their own personal prejudices and I think it’s more cultural as well. A lot of things are cultural and not religious.”

“But in our religion it’s not like Quran talks only about relationship and rights. It also talks about ‘aadaab’ like the protocols of being around your spouse, talks about everything in detail.”

“Male perspective – if the partner/husband is the abuser then he wouldn’t think of it as a crime. Yea he doesn’t - that’s part of his life.”

These situations usually continue due to uncomfortable silences in the family. Although the woman may reveal the violence she suffers, the family or in-laws may choose to ignore her or blame the woman for not obeying her husband. The sexual relationship comes across as a duty, an obligation for a woman whereas through a religious perspective, this intimate relationship calls for “mercy” and “compassion”. A man is believed to be “violating divine orders” if he practises a sexual relationship outside these “Islamic dictates” and surely is accountable for the abuse he has caused (Alkhateeb & Abugideiri, 2007).

- Lack of awareness of personal rights/Misinterpretation of Women’s rights in Islam

It is most likely that families coming from Asian countries like India, Bangladesh, Pakistan or even Middle Eastern countries prefer to marry their daughters in adolescent age. In the effort to protect their daughters from any “mishap” or to fulfil their duties of being responsible parents and successfully settling their daughters with their spouse, families are convinced that marrying girls early is the solution. As agreed by our participants:

“We are also taught by our elders that once you become 18 you need to get married, first thing; the most religious thing is that you get married.”

“Then whatever the husband does you have to put up with it, but now you are married and you can’t come back to us. And you have to accept the situation the way he is.”

On the other hand, the parents make little effort to give sexual education or discuss with their daughters the rights of a Muslim woman. They miss the opportunity to educate the young woman and inform her of her role and inform her that she is a partner, a wife that has equal rights and not a submissive slave. “Lack of physical and mental readiness to build a family” may also contribute to the state of an abused woman (Laeheem, 2014).

“She is not aware of her own rights in Islam or even of the legal system here. The girl is warned that if you say no then tomorrow I will pack you up. She will say yes for the abuse.”

“A wife is made to feel wicked or sinful for refusing sexual relations of her husband, regardless how tired or unwilling she feels. He may have just hurt her feelings in any number of ways, but she can be made to feel bad for not putting that aside and

making herself available. This makes it easier for the abuser to take advantage of her.”

Along with this, lack of education and empowerment adds to her misery, as she is not able to understand her legal rights nor access available resources.

❖ **Cultural and mainstream support Muslims have accessed**

- Helpful vs Unhelpful resources- Imams and Muslim organisation

Participants suggested that similar to their process and support systems back in South Africa they would prefer to access advice from Imams (who are knowledgeable in both ‘Shariah’- Islamic jurisprudence and the legal laws of the land) for issues related to sexual abuse in intimate partnerships.

“I wouldn’t stand for that [specifically for abuse within partnership] I will go to the mosque and I will see the Imam and I would take a divorce. In South Africa you actually had Imams especially skilled, whereas here we don’t.”

But on the other hand, from a youth’s perspective, one of the participants, was in disagreement and did not support the idea of approaching the Imam as she believed that the Imam’s Islamic knowledge will not be enough to understand a youth’s perspective and their issues, nor to support them in cases of sexual abuse or assault.

“Youth goes to them and says hey look I’ve got this issue and they take it in the context of you doing this wrong and you doing this haram (illegal, forbidden act/thing/food), because they are not specialised and they don’t have any background in such issues and because they know only Quran they say Islamically this is not acceptable and they have a upper hand because they know Quran and they lead the prayer.”

“And even if we go to the Imam or religious leader they say its ‘kufr kufr kufr’(denial).”

“Due to lack of confidentiality that exists within many communities, most Muslim women would be reluctant to seek advice from the Imam or want them involved.”

On the same lines, Alkhateeb argues that Imams or religious leaders unfortunately blame it on the woman (Alkhateeb, Ellis & Fortune, 2001). They look at the issue with a strongly religious perspective and may not be able to support youth because they may not have a perspective that understands the youth.

“There are a few issues with Imams:

- 1. They are often from overseas so don't understand the New Zealand culture and context, & may even have pre-existing stereotypes of what life is like in a Western country.*
- 2. They have training in religious studies but no training in counselling or social work, so don't have any specialist skills that will help them to deal with these situations, and for some of them, not even the personal skills to deal with a person in crisis in a way that isn't silencing for the victim.*
- 3. Imams are all male and many women or young girls would feel embarrassed having their personal details of abuse disclosed to a male community leader of this kind.*

The Muslim community may lack appropriate support from the Imams in New Zealand, and as mentioned in the above statements, there is a huge barrier in the knowledge and skills that the Imams have; so they are not well equipped.

Some believe that family and parents may put the needs of the victim in jeopardy. Memon (n/d) lists a number of reasons where a family or community may not be supportive or may go against the victim. Most of the times family members may find it difficult to intervene in private family issues and turn their eyes away from the abuse. Other reasons may include: lack of confidence to seek help, finding it hard to reach help, hopelessness, keeping the relationship intact for the sake of the children, and above all, lack of Islamic knowledge.

“I have a bit of a problem in having the family make the decision to take the matter further. I think the needs of the victim have to be paramount – if she doesn't want to take it further then she shouldn't be forced to do so by her family; similarly, if she wants to lay a formal complaint then the practitioner needs to think about what kind of support she will need if the family is absolutely against it. The victim may be placing herself in emotional/psychological danger if she proceeds with no support from immediate family or the community.”

“Families may also be unable to react with such situation and may react in a way which is detrimental to the victim for example with some of the high school girls, when they got in to trouble, they would tell teachers that their parents would ship them out of the country and back to their country of origin if they got into trouble.”

- Perception of mainstream services

An account narrated by a participant (who was a nurse by profession) highlights the level of trust this woman has in mainstream services. Although there are services available, people appear to be unaware of them. Again as mentioned earlier, disclosure also becomes an issue for various reasons like the fear of losing residency visas, children, better lifestyle and the unhealthy situations in the country the dependents have come from.

“When asked what happened she said I just gave a police complaint and now he may track me down and she bought her baggage and wants to run away.”

“We also lack knowledge of the system and social workers from other cultures don’t understand where we come from. They just think we are oppressed women that have to be rescued. Social workers, doctors and other professionals need to be informed that we need to be supported not rescued.”

“For example, the girl who came to the clinic, they were here because they had applied for the residency that is why the girl was hanging on for three or four years. Because when we inform to someone we will think that there will be police involvement and we will lose our residency. Then if there are kids also we will think what should I do after I go back home and life is much better here.”

Victims are often unaware of how mainstream services run and what they can expect in services such as Women’s Refuge. They are unsure as to whether or not these services have the facilities to meet their family’s need and whether the women (as followers of Islam) will get the proper and appropriate level of support.

“The Muslim community do not have an understanding of how local services work, and so have a fear of them. For example, they think that approaching Women’s Refuge will mean that the refuge staff will immediately try to split up the family; or that counsellors give advice that is contrary to Muslim beliefs – because they don’t understand that counsellors listen and help someone find solutions, they don’t tell the person what to do or what the answers are for their own lives. So the person providing services to a Muslim would need to have a discussion about these kinds of stereotypes and fears in terms of what the counselling or support involves and what it doesn’t involve.”

“If you go to mainstream services, they will tell you pack your bags off. It’s an intervention we will take you away and that’s

when a woman becomes reluctant and says o no I am not going to ruin my family home” (narrated by a participant- teacher by profession).

Instead women clearly expressed their thoughts about having an organisation where they can directly approach a qualified person who is informed about the legal system in New Zealand and who can help them to develop a plan. Similar services in America have also identified issues like women’s shelters not being able to provide appropriate services for Muslim women. Instead the women face negative stereotyping and discrimination because of “a lack of preparedness in cultural competence” and Faisi (2001) also agrees that non-Muslim services are not well equipped for Muslim needs.

- Cultural Incompetence

Many professionals, not only those related to providers of sexual violence services but also others such as doctors and nurses, fail to provide a safe environment for these women. Muslim women reportedly face a lack of competency from some of these professionals.

“The doctor believes that the lady keeps coming always and these people don’t know how to fight with their husbands. She keeps asking for help why doesn’t she stand up for herself. Without getting the facts right he was assuming that she wants attentions and acting up. That shows a man perception without any consideration.”

“When our women and children are out of the community they are more vulnerable.”

“Not fully. The average Kiwi service providers are applying their views and expectations and have very little compassion or understanding that things often worked.”

“This is such a case by case, culture by culture situation it cannot be pinned to one scenario. Everyone involved in this study needs to realise when dealing with Muslims you are also dealing with 80 or more different cultures/nationalities. You need to know Islamic teachings and realise that they are not always applied uniformly based on culture being intertwined.”

- Victim blaming

Victims have to face either being blamed by others around them like the doctor or nurse or other professionals or they are influenced by macro

factors. Burman & Chantler (2005) believe that “psychotherapeutic approaches” often insist that women can make choices and women staying in abusive relationships “are getting some of their needs met by maintaining their victim status”.

“I don’t know. She was like she didn’t look physically afraid. I felt blurred that if the woman is taking the advantage or the man. She could have something else planned as well. Something else could also be planned.”

“People living from quite a while are getting Westernised and getting pulled towards to Western society and Western ways of living. Mostly in teenage. The people coming from other countries like refugees are suffering such issues. But if you travel willingly with your husband knowing that he will treat you in such a way then I wouldn’t be going away from my support system.”

They further analyse that individualistic approaches pathologise women and do not take into account the fact that “domestic violence exists on a number of complex societal levels” which not only normalises the situation but also tends to leave the violent relationship open with the existing support. Burman & Chantler (2005) state that the choice to remain or leave are mostly “determined by wider social and economic systems such as housing, income/benefit levels, immigration status, disablism, racism, sexism, and responses of helping agencies”.

- Stereotyping

“In a setting I have to discuss openly with doctor and colleagues, you know when you talk about this with your colleagues, they start building an image of every Muslim being so, you know! that stereotyping and all that.”

“The fear of walking into a police station with the scarf on, and giving the people a topic to talk about, it will again highlight the prejudices about our religion and culture. And our women will think that shame is better than this shame of facing the whole world.”

“Even before we engage in any ideas of what Muslim support looks like, we need to be portrayed by media in the way we are, we are getting highly influenced because of the things that are happening outside New Zealand. It is important that the statutory services like police, doctors and social workers understand and realise why we need these specific services.”

The views of participants included in this section may come across as a reluctance to approach mainstream services but they also highlight the fact that the Muslim community believes that sexual abuse and sexual violence by an intimate partner is a crime that belongs to this community. These ideas reiterate and reinforce the fact that the victim needs to be worried about the honour of her community before her own well-being, and that the victim is the one who should be ashamed of what has happened to her. These provoking thoughts also call for services that can provide awareness about sexual abuse and provide evidence to the Muslim community and other communities that the predators are from any community and “they have no respect for girls and women of any faith or culture and will target those who are most accessible” (Gohir, 2013).

❖ **Summary of results**

The results collected from the focus group and individual interviews highlight a constant variable of shame. Shame has not only created a barrier for Muslim women to approach support services but also shifts the focus on the victim rather than the perpetrator in the context of sexual abuse or violence. This is caused by other variables like the lack of Islamic knowledge and the perceptions of mainstream support services. Mainstream services should not be generalised but some changes and proactive involvement in cultural competency, specifically related to the need of Muslim women may be helpful.

Some areas urgently need further work by people from the Muslim community such as cultural support, Islamic jurisprudence, spiritual support, and the rights of Muslim women. Issues associated with sexual violence can be challenged and set right by Muslim leaders and clerics. However, the issue of cultural ignorance around the rights of Muslim women are compromised if these leaders and clerics do not have the appropriate training. The recommendations listed below are for the purpose of forming guidelines; crisis situations following a sexual assault or disclosure of sexual abuse; informing volunteers and professionals that work with Muslims, workforce development; and to highlight the need for ‘by Muslim for Muslim services’.

❖ **Recommendations for sexual violence crisis support service delivery:**

Guidelines for volunteers and professionals in crisis services who are working with Muslims (e.g. cultural competency training):

- Workforce development: Training and education for sensitivity to Islamic values that pertain to gender roles, marital relationship and family dynamics from Islamic perspective.
- Cultural awareness: Assessing the extent the Muslim woman has assimilated into the western culture. Gauge her present situation for example her education, employment, relationship, culture, ethnicity, amount of time she has stayed in New Zealand, to what extent are Islamic values important for her and so on.
- Cultural competency training: Appropriate cultural workshops are a necessity that are provided by Muslims who are competent or have the skills to work with people (e.g. leaders who are aware of the social issues, social workers, people who work with minorities and immigrants, etc.).
- Understanding a NZ Muslim context: This is such a case by case, culture by culture situation it cannot be pinned to one scenario. When dealing with Muslims you are also dealing with 80 or more different cultures/nationalities. You need to know Islamic teachings and realise that they are not always applied uniformly based on culture being intertwined.
- Client choice and consent before engaging with family, and Muslim-specific supports are essential.
- Language barriers: Muslim families when they come they don't know English and they don't exactly understand the context of the situation they are in, so there have to be people of their own language who explain this to them.
- Understanding the broader impact of sexual violence on not only the victim/survivor but also her wider whanau and community (related to shame and judgement).
- An awareness of any stereotypes one might have about the Muslim community, and a readiness to address these by accessing further education about the Muslim faith. This will include understanding the Muslim ethos (underpinnings) that support women's rights and do not accept the sexual abuse and violence of women, and keeping an open mind and being informed of the diverse views and cultures that may or may not approach any cultural supports. Again an awareness of the victim's level of assimilation into the culture that they bring along with them. For example a Muslim from India may have a different worldview than a Muslim woman from a Middle Eastern country.
- Understanding social issues in a NZ Muslim context: The women would greatly fear loss of the children and inability to provide for

them. Many would likely not have managed or ever paid bills. There would be a need for a huge upskilling in their own lives.

Crisis service delivery:

- Access to appropriate support services, both cultural and sexual violence experts.
 - Mainstream services:
 - Muslim women are cautious of accessing mainstream services due to negative experiences associated with stereotyping and a lack of cultural understanding. There is a need for professionals working with Muslim women to understand the cultural context of the victim/survivor “knowing where we come from”.
 - There is a need for cultural competency similarly when we think of cultural competence we fail to address the fact that culture is (in many places) intertwined with religion. This is “a dimension of cultural competency that is often overlooked or subsumed under the larger cultural competency umbrella”(Fowler, 2012). Not only is religion (Islam) a part of Muslim identity, it defines the way Muslims live - it is a system.
 - Prioritising staff training and education: Workshops in aspects of sensitivity training in cultural and religious needs.
- Workforce development should be a priority to address the needs of Muslim victims/survivors. This should include a focus on recruiting young Muslim crisis support workers because most of our experiences show that the best support is provided by peers who Muslim victims identify with. . The focus on recruiting a skilled workforce who possess dual competency (this refers to the ability of one to possess skills of cultural and religious knowledge of a Muslim world view, as well as expertise in the delivery of sexual violence crisis support) is also highly recommended.
 - Cultural supports – Imams (Shariah) are seen as leaders in the Muslim community, and beacons of support for some. However there is a sense of mistrust of such people (in power) as there is a lack of understanding of how to respond to someone who has experienced sexual violence and a lack of knowledge regarding appropriate supports and healing pathway for

victims/survivors. It is seen that this is an area of potential support in the future that should be progressed with caution. That is, the willingness of Imams to engage in relevant education with regard to responding to sexual violence is vital.

Family support and education (client focused): need for social support (emergency housing), parenting support and education:

- Workshops for new settlers (both refugees and migrants) as they may experience culture shock and this may lead to them being more possessive and sceptical about the surroundings that their children are growing in.
- Provide good understanding on the topic of sexual abuse. Create an appropriate workshop that will be beneficial both for children and parents for building open relationships.
- Being aware that Muslims from different cultures bring their traditions and home rules along with them. Building rapport with the parents so that the workers can understand the issues from cultural and religious perspectives.
 - Help parents understand that their culture and religion is a part of their new identity of being a New Zealander and help them understand the rights and benefits that they can avail.

It becomes necessary that parents attend workshops to be able to have conversations with their children about sexual abuse and so they can be approachable when necessary. This helps in breaking the barrier of lack of communication and alienating their children.

➤ By Muslim for Muslim services:

- An organisation with competencies of both the New Zealand legal system and Islamic knowledge to act on behalf of the victim/survivor.
- Require lawyers to be informed of both the Shariah and New Zealand law.
- Counselling is very important and Muslim counsellors should be aware of both the religion and the legal system.
- An ability to engage in 'Mushwarah' (consultation) in a way that is culturally appropriate.
- Knowing the 'shariah' (theology and jurisprudence) of Islam and providing services like counselling.

Further recommendations to support Muslim victims/survivors:

- The development of consultative (panels) groups that can provide their cultural expertise on such matters. A need to develop panels in this country from various ethnic/religious groups who are given a short course on social work/counselling issues and who can be called on in cases of family violence or sexual violence or for consultation by corrections, where the panel can provide expertise in the specific cultural or religious aspects that need to be taken into account. Membership of such a panel would be a paid position, and could work at a national level servicing practitioners throughout the country, in a variety of fields – maybe even health and mental health.
- Development of appropriate resources, such as a database of contact people or Imam or spokespeople who can provide for spiritual needs.
- Interpreters, and educated Muslim women who understand both the individual's view but also the general Islamic teachings and societal structures.
- Keeping the new migrants and families of victims connected with the Muslim community as this may provide some cultural support.
- An organisation that deals with the statutory organisations straight away. An organisation that is in charge, that takes these matters seriously in their hand, and does the job in an Islamic ethical way and not deal with it in a western way. For example it might provide some kind of advocacy and support service where qualified professionals from Muslim community:
 - Can deal with CYFS and police
 - Will be able to deal with doctors and WINZ
 - Be able to deal with the leaders in our own community
 - Be able to deal with school and other relevant organisations necessary in supporting the woman/girl and family.

References

- Akyüz, A., Yavan, T., Şahiner, G., Kılıç, A. (2012) *Domestic violence and woman's reproductive health: a review of the literature*. *Aggression and Violent Behaviour*, 17(6), 514. Retrieved from <http://www.sciencedirect.com.ezyproxy.wintec.ac.nz/science/article/pii/S1359178912000729?np=y>
- Alkhateeb, S., Ellis, S., & Fortune, M. M. (2001). Domestic Violence: The Responses of Christian and Muslim Communities. *Journal of Religion & Abuse*, 2(3), 3.
- Alkhateeb, M, B., Abugideiri, S. E. (2007). *Change from Within: Diverse Perspectives on Domestic Violence in Muslim Communities*. Retrieved from <http://www.peacefulfamilies.org/CFWIntro.pdf>
- Abugideiri, S. (2011). Domestic Violence: Muslim Communities: United States of America In *Encyclopedia of Women & Islamic Cultures*. Retrieved from <http://www.peacefulfamilies.org/Dv%20Muslim%20Communities%20EWIC%202011.pdf>
- Barlas, A. (2006). *WOMEN IN ISLAM: FACTS AND PERCEPTIONS*. In Hasnain, M (ED.), *PATIENT-CENTERED HEALTH CARE FOR MUSLIM WOMEN IN THE UNITED STATES*. Illinois, Chicago Press. Retrieved from <http://uic.edu/depts/mcfp/PCC%20for%20Muslim%20Women%20-%20Conference%20Proceedings%20Final.pdf>
- Barlow, K.(2009) *New Afghan laws enforce 'marital rape'*. *ABC Premium News* [serial online]. Available from: Australia/New Zealand Reference Centre, Ipswich, MA.
- Burman, E., & Chantler, K. (2005). Domestic Violence and Minoritisation: Legal and policy barriers facing minoritized women leaving violent relationships. *International Journal of Law and Psychiatry* 28, 59-74.
- Culbertson, P., Shah, K. (2011) Mental Health Awareness among Imams Serving New Zealand's Muslim Population. *New Zealand Journal of Counselling*, 31(1), 87–97.
- Faizi, N. (2001). DOMESTIC VIOLENCE IN THE MUSLIM COMMUNITY. *Texas Journal Of Women & The Law*, 10(2), 209. Retrieved from <http://ezyproxy.wintec.ac.nz/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=5153685&site=ehost-live&scope=site>
- Fowler, M. (2012) *RELIGION: AN OVERLOOKED DIMENSION OF CULTURAL COMPETENCY*. Retrieved from <http://www.equityofcare.org/inc-eqcare/dhtml/blog-article.dhtml?dcrpath=HRET/blog-entry/data/20120828>
- Gohir, S. (2013). *Unheard Voices The Sexual Exploitation of Asian Girls and Young Women*. Retrieved from http://www.mwnuk.co.uk/go_files/resources/UnheardVoices.pdf

- HELP (2015). *Sexual Abuse Statistics*. Retrieved from <http://helpauckland.org.nz/get-info/statistics>
- Jamal, Z. (2012). *To Be a Woman in Pakistan: Six Stories of Abuse, Shame, and Survival*. Retrieved from <http://www.theatlantic.com/international/archive/2012/04/to-be-a-woman-in-pakistan-six-stories-of-abuse-shame-and-survival/255585/>
- Karmaliani, R., Irfan, F., Bann, C. M., McClure, E. M., Moss, N., Pasha, O., Goldenberg, R. L. (2008). Domestic violence prior to and during pregnancy among Pakistani women. *Acta Obstetrica et Gynecologica Scandinavica*, 87(11), 1194-1201.
- Koss, M. P., & Heise, L. (1994). The global health burden of rape. *Psychology Of Women Quarterly*, 18(4), 509.
- Laeheem, K. (2014). Causes of Domestic Violence between Thai Muslim Married Couples in Satun Province. *Asian Social Science*, 10(21), 89-98.
- Lodhi, F. (2006). *Culturally Appropriate Healthcare for Muslim Women*. In Hasnain, M (ED.), *PATIENT-CENTERED HEALTH CARE FOR MUSLIM WOMEN IN THE UNITED STATES*. Illinois, Chicago Press. Retrieved from <http://uic.edu/depts/mcfp/PCC%20for%20Muslim%20Women%20-%20Conference%20Proceedings%20Final.pdf>
- Memon, K. (n/d) *Wife Abuse in the Muslim Community*. Retrieved from <http://www.islamawareness.net/Wife/abuse.html>
- Ministry of Health. (2012). *Refugee Health Care: A handbook for health professionals*. Wellington: Ministry of Health. Retrieved from <http://www.health.govt.nz/system/files/documents/publications/refugee-health-care-a-handbook-for-health-professionalsv2.pdf>
- Morfett, H. (2013). Scarves around the world. *Therapy Today*, 24(9), 28-31.
- Naeem, F., Irfan, M., Zaidi, Q. A., Kingdon, D., Ayub, M. (2008). Angry Wives, Abusive Husbands: Relationship Between Domestic Violence and Psychosocial Variables. *Women's Health Issues*, 18 (6), 453. Retrieved from <http://www.brown.uk.com/domesticviolence/naeem.pdf>
- Nazari, F (2014). *Non-Muslim Social Practitioners Working with Muslim clients in the Aotearoa/New Zealand context: Identifying issues in practice*. Retrieved from <http://unitec.researchbank.ac.nz/bitstream/handle/10652/2462/Flora%20Nazari.pdf?sequence=1>
- Shaheen, A. (2014). *Intimate Partners and Multifaceted Violent Behaviour in Pakistan*. *Pakistan Perspectives*, 19(1), 27-56.
- Shalhoub-Kevorkian, N. (1999a). *Towards a cultural definition of rape: Dilemmas in dealing with rape victims in palestinian society*. *Women's Studies International Forum* 22(2), 157-173. Retrieved from

<http://www.sciencedirect.com.ezyproxy.wintec.ac.nz/science/article/pii/S027753959900047?np=y>

Shalhoub- Kevorkian, N. (1999b) The Politics of disclosing Female Sexual Abuse: A Case Study of Palestinian Society. *Child Abuse & Neglect* 23(12), 1275- 1293. Retrieved from <http://www.sciencedirect.com.ezyproxy.wintec.ac.nz/science/article/pii/S0145213499001040?np=y>

Shah, K., McGuinness, E. (2011) *Muslim Mental Health Awareness: Exploring the needs of the community*. Retrieved from <http://ecald.vps2.netpotential.co.nz/Portals/49/Docs/Publications/Muslim%20MH%20Awareness.pdf>

Ward, C. (2011) *Muslims in New Zealand*. Retrieved from <http://www.victoria.ac.nz/cacr/research/identity/muslims-in-new-zealand>