INTIMATE PARTNER VIOLENCE AMONG CANADIAN MUSLIM WOMEN:
A MIXED METHOD EXPLORATORY STUDY

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Dedication

To the eight amazing women who shared their life story with me. Your strength and resilience inspired me to deliver your words. You are heard and appreciated for who you are. Thank you!

Abstract

Intimate partner violence affects women's mental, social and physical health. The purpose of this study is to understand the demographics, social, religious, cultural and familial experiences of eight Canadian Muslim women who experienced IPV. In addition, this study explores the role of immigration and the physical and mental health consequences of IPV among these women. Using a mixed method design, the women were purposively selected and interviewed. Six themes emerged: childhood of trauma and violence, iron cage of society, prey to the potion of love, escape from oppression, the turning points, and the toll and consequences of IPV. The results suggest differences in the experience of IPV between Canadian-born and Canadian immigrant women. Using quantitative measures, the study also revealed the negative effect of IPV on different aspects on women's lives. Implications for service-providers and future research on this important health issue among Canadian Muslim women are discussed.

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Chapter 1. Introduction

Violence against women, identified as a public health problem and a human right issue, has been affecting more than one third of women worldwide (WHO, 2013). Until the 1960s, most people thought that intimate partner violence (IPV) is a private family matter (Gelles, 1997). In the 1990s, the phenomenon gained attention, and there was a rise in publications regarding the issue (Gelles, 1997). The growing attention to this problem began with the international women's organizations when they pushed the issue into the United Nation's agenda, and by the end of 1993, they adopted The Declaration on the Elimination of Violence against women that condemns violence against women both in private and public settings (Joachim, 1999). The Declaration also obligated states not to invoke custom, religion, or culture to limit their responsibilities (Joachim, 1999). While there is a global interest in eliminating violence against women in both public and private settings, literature regarding the experience of intimate partner violence in the Canadian Muslim context remains limited.

Muslim Immigrants in Canada

Recent immigration trends were a key factor in the presence of some religions in Canada. Those reporting Muslim, Hindu, Sikh and Buddhist made up 2.9% of immigrants who came before 1971, but they have accounted for 33% of immigrants who arrived between 2001 and 2011 (Statistics Canada, 2014). In 2011, just over 1 million individuals identified themselves as Muslim on the National Health Survey. This represents 3.2% of Canada's population, with an increase from 2001 when it was 2% (Statistics Canada, 2014). While Muslims are present in the general population, there are limited literature

addressing Muslim issues in Canada. This should add to the importance of this study as it addresses an important gap in the literature.

Muslim Immigrant Women in Canada

In the National Health Survey 2011, immigrant women accounted for 21.2% of the total female population (Statistics Canada, 2015). Immigrant women from Asia and the Middle East made up 60% of the total female immigrants between 1991 and 2000 (Statistics Canada, 2015). Immigrant women who identified as Muslim accounted for 3.2% of the female population (Statistics Canada, 2014). These data suggest an increasing number of immigrant Muslim women. While there are statistics available on Canadian women's experience of IPV (Statistics Canada, 2015), the data are limited on Muslim women experience of IPV. The General Social Survey indicated that 7% of Canadian women in married or common-law relationships were subjected to physical or sexual abuse at least once during the 5 years period prior to the survey. In addition, 18% of the same sample had experienced emotional or financial abuse (Hyman & Mason, 2006). Nevertheless, the data did not provide specific information about Canadian Muslim women experience of IPV. Further, 25% of immigrant women, especially Arab, Iranian and Afghani women, reported a lower sense of safety compared with Canadian-born women (Statistics Canada, 2014). In this research, an attempt will be made to understand Canadian Muslim women experience of IPV and how it may relate to their life experiences in the pre and post-migration context.

Research Purpose

The purpose of this research is to understand the Canadian Muslim women experience of IPV through analyzing semi-structured interviews with eight participants who were ethno-culturally diverse. The findings from this exploratory mixed method

study will contribute our understanding of the effects of different social, cultural, familial and religious values on the women's experience of IPV in the post-migration context. The study result will also examine the physical and mental health consequences of IPV to better understand the women's experience of IPV.

Research Rationale

IPV is a worldwide problem. According to the World Health Organization, one in three women worldwide had experienced physical or sexual abuse by an intimate partner (WHO, 2017). Further, 38% of murders of women occur by an intimate male partner (WHO, 2017). In Canada, there is a growing body of literature investigating IPV. Nevertheless, the topic has received little attention when it comes to the immigrant population and even less so with regards to Muslims.

In 2013, more than 90,300 police-reported incidents were by victims of violence perpetrated by an intimate partner (Statistics Canada, 2014). In 2015, this number rose 322,600 (Statistics Canada, 2015). The rising number is alarming and calls for further research on the phenomenon. Nevertheless, it may also indicate that women are reporting the violence more than before. While our understanding of the phenomenon of IPV continues to grow and increase, there is still a need for information on IPV among Canadian Muslim women to provide more detailed information to enhance our understanding of IPV and for improved services to this population.

Study suggests that immigrant women's use of formal resources like medical and legal services, protection shelters, and transition houses was lower than the Canadian-born women (Hyman & Mason, 2006). Canadian immigrant women are subjected to increasing number of stressors that Canadian-born women do not necessarily experience (Hyman & Mason, 2006). These types of stressors may not be recognized as abusive by

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either the healthcare professionals or the victims themselves. With the growing immigrant population in Canada, such research on IPV gains importance as knowledge can lead to proactive work to promote Muslim women safety, and a violence-free environment for all Canadians who seek to live in harmony in a multi-cultural society. Unique issues pertain to the study of IPV among Muslim women.

Research Questions

- What are the demographics of this sample (N=8) of Canadian Muslim women who have suffered IPV?

- What are the social, cultural, religious, family experience, beliefs, and values related to the experience of Canadian Muslim women concerning IPV?

- What are the effects of immigration to Canada on the women's IPV experience?

- What are the mental and physical health consequences associated with IPV among Canadian Muslim Women?

Thesis structure

Chapter One is an introduction and overview to this study with a statement of its rationale, purpose, and research questions. Chapter Two presents a literature review of the key areas related to this topic including but not limited to religion, culture and their consequences of IPV. Chapter Three addresses the methodology of this study, including its theoretical framework, design, data collection and analysis. The recruitment process and ethical considerations are discussed. Chapter Four reports the major findings of the study. This includes analysis of the participants' demographic profiles, a presentation of themes and subthemes based on the thematic analysis of qualitative data. Chapter Five provides a discussion of the major findings of the study in relation to the existing

literature. In addition, implications for service-providers and policy-makers, along with the study contributions and limitations will be discussed.

Chapter 2. Literature Review

This chapter highlights the literature that examined different definitions of IPV, the effects of childhood trauma, the factors associated with IPV among Canadian Muslim women, and the role of immigration in relation to its positive and negative aspects. In addition, the literature review covers the turning points of the relationship in term of the decision making process regarding leaving or staying in the relationship, and the mental and physical health consequences of IPV. The limited research regarding the Muslim women population in Canada once again highlights the importance of this study and how it contributes to our knowledge and understanding of this population.

Issues with Defining IPV

There are numerous challenges with the ways in which IPV has been defined in the literature, as many of these definitions overlap with other concepts such as domestic violence, family violence, wife abuse, and wife battering (Morrison & Hines, 2007). While the term domestic violence can also refer to IPV, the term can also indicate child or elder abuse (WHO, 2013). The concept of family violence is similar to domestic violence in which it implies violence within the family which can be perpetrated by any family member not only an intimate partner (WHO, 2013). Further, the term wife abuse limits the reporting to wives only and excludes other intimate partners (Morrison & Hines, 2007). Wife battering suggests severe forms of physical violence only, which has been outdated as it implies that violence can be only physical which excludes other forms of abuse that can be sexual, psychological, emotional, verbal or financial (Morrison & Hines, 2007).

The previously mentioned issues affect the woman's understanding of the concept of abuse, which has its implication on a woman's willingness to report the abuse or to

start the help-seeking process. The women's understanding for abuse can be narrowed to severe forms of physical abuse, which may result in neglecting to report emotional or verbal abuse, hence, more tolerance of other forms of abuse that does not result of physical injuries.

For the purpose of this study, the term IPV will be used as it is the most current and descriptive term that focuses on addressing violence between intimate partners, within the marital context, common-law relationship or cohabitation. The next section provides some definitions of IPV from the literature.

Definition of IPV

Most IPV definitions focus on the forms of abuse, such as physical, sexual and psychological abuse (WHO, 2013; Tjaden & Thoennes, 2000; Saltzman, Fanslow, McMahon & Shelly, 2002). Nevertheless, most definitions fail to capture the nature of the abuse that may be related to socio-cultural traditions and how they manifest themselves in physical, verbal or physiological abuse, which is important to consider when defining IPV (Ahmad et al., 2017). For example, withholding immigration documents as a form of control was far more common among immigrant women, nevertheless, was less reported and thus less documented in the literature (Ahmad et al., 2017). Recent research implies that there is a trend in the literature to improve and unify our understanding of IPV to be more inclusive, as more researchers are working on understanding IPV through the lens of immigrant women (Ahmad et al., 2017).

In this study, IPV will be defined as "any form of physical, sexual, emotional or psychological abuse, including financial control, stalking, and harassment. It occurs between opposite, or same-sex intimate partners, who may or may not be married, common law, or living together. It can also continue to happen after a relationship has

ended." (Saxton, Olszowy, Macgrogor, MacQuarrie, & Wathen, 2018, p.6). This recent definition covers more comprehensive forms of abuse, and different types of intimate relationships. While same-sex relationships have its own complexities and are beyond the scope of this study, this definition implies a sense of inclusion and focuses on different forms of abuse that were not included in previous definitions.

In the next section, an examination for some factors related to IPV will be made. This will increase our knowledge of the role of culture, changes in family dynamic and gender roles, religion, underemployment, childhood trauma, motherhood, and excessive alcohol consumption in relation to IPV.

Factors Associated with Intimate Partner Violence

Cultural Values

Culture can be defined as "a set of characteristics that includes the beliefs, practices, values, norms, and behaviors that are shaped by members of a group" (Kasturirangan, Krinshnan & Riger, 2004, p.319). The cultural beliefs of individuals manifest in the way they interact with others and interpret the world around them (Kasturirangan, Krinshnan & Riger, 2004). Research suggests that certain features of patriarchal cultural belief and institutional arrangements such as patterns of marriage, divorce, and inheritance, can serve as risk factors for violence in the household (Garcia-Moreno, et al, 2006). Some research has linked cultural orientation to IPV, and found that women with more traditional orientations are less likely to report the abuse (Saltzman, Fanslow, McMahon & Shelly, 2002). Violence against women cannot be separated from the cultural and social-structural context in which such acts occur. This context includes patriarchal values, sexist norms, and the historical legacy of male dominance and female submission which enable men's violence toward women (Dobash & Dobash, 1992).

Other researchers suggest that there is no significant difference in the types or severity of abuse across ethnic groups, nevertheless, there is a difference in the way women experience and react to the abuse and the level of trauma afterwards (Edelson, et al., 2007).

Changes in Family Dynamics in the Post-Migration Context

Resettlement in a new country can be a lengthy process that is affected by a number of factors at the individual level in term of age, gender, level of education, language skills, and the pre-migration experiences and societal level, such as availability of formal resources immigrant services, healthcare centers, and informal groups such as neighbors, ethno-cultural communities, and access to employment opportunities (Berry, 1997). Nevertheless, the use of the available resources is influenced by the culturally based beliefs, attitudes, expectations and behaviors (Dilworth-Anderson & Marshall, 1996). A number of studies suggest that increase in individual autonomy, loss of ethnic and gender identity, and changes in gender roles and responsibilities in the household result in shifts of gender power dynamics in the post migration context (Hyman et al., 2011; Kasturirangan, Krinshnan & Riger; Krishnan & Riger, 2004).

Studies emphasize that life changes, cultural adjustments, can create a chronic source of stress for immigrants, especially if they do not have well-developed social networks due to the demands of settlement, and therefore, may become isolated at a time of great vulnerability (Yongseok & Darlene, 1997; Tate, 2011). Tate (2011) also suggested that the process of resettlement was found to be associated with higher rates of divorce and other forms of relationships disturbance (Tate, 2011). Qin (2006) emphasized the challenging process of finding employment limits the communication between family members due to the time and stress related to the process of finding employment, and

potentially can create disturbance in family relationships. Those studies did not address

why some immigrants experience IPV and some do not, as all immigrants face different

challenges related to the previously mentioned factors. Further examination of

immigration stressors in relation to IPV is needed.

Changes in Gender Roles in the Post-Migration Context

Patriarchal ideology condones negative attitudes toward women, creates

institutionalized gender inequalities, and legitimizes male domination and female

submission (Dobash & Dobash 1992). Patriarchal values place the husband as the head of

the family which creates an unequal division of power (Dobash & Dobash, 1992). This

division permitted men to justify violence in order to correct women, and demand their

obedience, especially when their power and privileges were being challenged or

threatened in the post-migration context (Dobash & Dobash, 1992).

The process of acculturation and resettlement can create the potential of departing

from previously accustomed gender roles and responsibilities (Hyman & Mason, 2006).

Traditionally, men are the sole financial provider for the family, whereas, women are

responsible for the household work and raising children (Hyman & Mason, 2006).

Nevertheless, in the migration context, language skills and education level will determine

who would immigrate first and who would follow (Da, 2003). This may create a change

in the power dynamic between the couple, especially if the woman found employment

first, which leaves the husband with the responsibility of the household work. This

change is contradictory to men's assigned gender role as the main breadwinner. In most

traditional societies men do not have a culturally or socially acceptable alternative role for

the breadwinner. Therefore, when husbands are unable to provide for their families, the

respect and status they enjoyed inside and outside their home is lost or threatened (Hyman

& Mason, 2006). A growing body of literature suggest that reasons for tension, conflict, and abuse increase in autonomy, loss of ethnic and gender identity, and changes in gender roles and responsibilities in the household (Hyman & Mason, 2006; Sokoloff & Dupont, 2005; Raj & Silverman, 2002). These studies emphasized the importance of addressing changes in the gender roles in the post-migration context in relation to IPV.

Religious Values

There are contradictory reports regarding the effects of religion on IPV. On the one hand, religion is generally associated with better physical and mental health, better economic outcomes, and a lower probability of risky behaviors, including substance abuse and or alcohol (Ellison, et al., 2002; Lehrer, Lehrer, & Krauss, 2009). However, women who have some religious involvement have been found to be less likely to report IPV (Lehrer, Lehrer, & Krauss, 2009). This may reflect the reduced vulnerability associated with their generally healthier, less risky lifestyle, or alternatively, this may also be related to their religious belief of obedience and patience condoned by religion which may result in tolerating the abuse.

A study in the U.S found that religious leaders from Christian, Jewish, and Muslim faiths expressed concerns that religious teachings of male dominance and female submission could be interpreted to support abusive behavior (Lehrer, Lehrer, & Krauss, 2009). Conservative theological beliefs condemning divorce, encouraging traditional gender roles, and patriarchal values can contribute to IPV (Baobaid & Hamed, 2010; Hajjer, 2006). Nevertheless, a further examination of the role of religious values should be made to examine the level of interaction between the previously mentioned beliefs and the women's experience of IPV. Further, other researchers also suggested that there is no

significant difference between religious and non-religious men in term of perpetrating intimate partner violence (Nason-Clark, 2004).

The religion of Islam is based on equality and sharing of rights and responsibilities between the husband and the wife (Baobaid & Hamed, 2010). Women's rights are stated in the holy book Quran, and the statements of the prophet, in which the woman is entitled to keep her name after marriage, manage her own financial resources, and keep custody of her children after divorce (Baobaid & Hamed, 2010). While women's rights are clear in the holy book which Muslim people use as a frame of reference for issues related to marriage, divorce, and other areas in their life, nevertheless, there are different interpretations regarding women's rights. Religious clerics have different opinions regarding women rights' in Islam. Some will adopt stricter interpretations of the Quran, while others prefer a moderate position on women issues (Baobaid & Hamed, 2010). More effort is needed to understand the Canadian Muslim religious practices and its effects on their experience of IPV, as studies in this area are limited and inconclusive.

Under-employment/ Low Socioeconomic Status

Although IPV occurs in all socioeconomic classes, there is strong evidence that violence against women is more common among low income and unemployed men (Gelles, 1997). Families living at or below the poverty line had a five times greater rate of IPV comparing with middle class families (Gelles, 1997). Evidence suggests that under-employment increases the level of financial stress and the tendency to abuse (Guralnik & Leveille, 1997).

While under-employment is considered as a risk factor for IPV, other factors should be included to assess the role of under-employment in relation to the occurrence of

IPV (Kimerling, Alvarez, Pavao, Mack, Smith, 2009). Under-employment was found to increase the level of IPV, with rates of 20% among women who reported psychological violence, and 19% among women with PTSD symptoms (Kimerling, Alvarez, Pavao, Mack, Smith, 2009). Finance related consequences of IPV include its impact on women's work performance, and the frequency of absences led to lost work opportunities (Aizer, 2014). These studies suggest a relationship between IPV and employment and economic factors.

Within the immigrant woman's population, study of lower income Latinas suggests that women's financial support to the family may be a predictor of IPV (Perilla et al., 1999). This study emphasized the cultural values of men as the primary breadwinners in the family and women as more financially independent. This concept needs more examination as the level of flexibility regarding women's employment may increase in the post-migration context. A recent study indicated the disadvantages that immigrant women face with under-employment and under-paying jobs, which may add to the life stressors that increase the risk of IPV as tension and conflict can arise with limited financial resources (Barrett & Pierre, 2011).

Leaving and/or Staying in the Relationship

Understanding the women's reasons for leaving and/or staying in the relationship is increasing in the literature. Some studies identified a woman's need to sustain a relationship that define her self-worth, even if that happened in an abusive relationship (Hendy, Eggen, Gustitus, McLoed & Ng, 2003). They further connected low self-esteem, fear of perpetrator or loneliness and self-shame and blame to woman's unwillingness to leave the abusive relationship. Staying in an abusive relationship was connected to individual (motherhood, social support, finance, hope of change) and social factors

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(access to formal resources) (Hendy, Eggen, Gustitus, McLoed & Ng, 2003). Formal resources may include but not limited to: shelters, counselling, outreach programs, women's organizations, police intervention, court processing, housing and welfare.

Some studies placed a greater emphasis on the availability of formal resources to help the woman escape from an abusive relationship; they argue that formal support channels can provide sense of safety that would help women make their decision (Anderson & Saunders, 2003). Other studies highlighted the importance of the women's emotional needs and investment in the relationship (Wuest & Merritt-Gray, 1999).

Motherhood and Children

Abused mothers often face a challenging choice when it comes to leaving or staying in an abusive relationship as they are mostly concern for the safety of their children (Hendy, Eggen, Gustitus, McLeod, & Ng, 2003). While this is true for all mothers, immigrant mothers face an additional life stressors and less social support due to limited language skills, limited financial resources caused by under-employment, more demanding and longer hour's jobs (McCloskey, Fernández-Esquer, Southwick, & Locke 1995). Based on a study of abused Mexican mothers in the United States, immigrant mothers are likely to stay in an abusive relationship to protect their children from the aftermath of divorce (McCloskey, Fernández-Esquer, Southwick, & Locke 1995).

A study examined the effect of women's experience of IPV with regard to their parenting style and found that abused mothers exhibit lower psychological energy and higher stress in parenting their children (Levendosky & Graham-Bermann, 2001). This has a negative effect on a child's emotional health as it creates an insecure attachment with the mother (Levendosky & Graham-Bermann, 2001). More studies are needed to

understand how the availability of other social and formal support channels may eliminate the negative effect on the child development.

Childhood Trauma

When a child experiences violence in the home, it interferes with the child's developing sense of security and belief in a safe, just world (Holt, Buckley, & Whelan, 2008). When a child lives under a socioeconomic disadvantages with the presence of marital conflict, it creates stressors that increases the negative impact on the child's wellbeing and behavioral development with greater likelihood of victimization later in life (Edleson, 1999).

The World Health Organization defined violence against children as " all forms of violence against people under 18 years old, whether perpetrated by parents or other caregivers, peers, romantic partner, or stranger." (WHO, 2018). Statistics show that 10% of Canadians had witnessed abuse as children with 7 in 10 reporting being victims of physical and/or sexual abuse (Statistics Canada, 2015). While the statistics show a higher rate of 40% of Aboriginal people were subjected to childhood physical and/or sexual abuse, there is no specific data on Canadian immigrant children's exposure to abuse (Statistics Canada, 2015). A separate report on Canadian immigrant children witnessing abuse is important to better understand the prevalence of abuse among Canadian immigrant families.

An extensive body of the literature examined the effect of exposure to abuse in childhood (Hovens et al., 2010; Heim & Nemeroff, 2001; Ehrensaft et al., 2003; Fisher, 2009). These studies show that children exposure to IPV can have a long-term mental health consequences such as risk of developing PTSD, aggression, depression and anxiety

symptoms. Further, childhood trauma was linked to suicidal ideation and suicide attempt in adulthood (Fossos, Neighbors, Kaysen, & Hove, 2007).

Exposure to IPV is recognized in the literature as a form of childhood trauma that affects social learning behavior (Heim & Nemeroff, 2001). Heim & Nemeroff (2001) further suggest that people who had experienced childhood trauma reported dramatically higher rates of aggressive outbursts toward their intimate partners (Heim & Nemeroff, 2001). Another study suggests that childhood trauma increase the risk of victimization among women and perpetration by men (Fossos, Neighbors, Kaysen, & Hove, 2007). Those studies support the link between childhood trauma in form of exposure to IPV and later victimization and perpetration in life.

Previous research confirmed that most men who abuse their wives had been exposed to, or at least witnessed, marital conflicts or abuse as children (Dutton, 1998). Although not all children who grow up in an abusive relationship will become abusers themselves. Increased importance was placed on the other social institutions and the child's resiliencies to avoid or eliminate the negative impact on children handling many family life stressors (Ehrensaft et al., 2005).

Childhood trauma is not limited to the family. A growing body of literature suggest that exposure to war or violence in the community is strongly connected with IPV (Straus, 1980; Chen, Hall, Lin, & Renzaho, 2017). A previous study examined immigrants who were exposed to traumatic childhood events such as war and found that development of PTSD symptoms should be examined in relation to other immigration stressors, and cultural considerations (Miller & Rasmussen, 2010). Further, they have found that students who reported high level of exposure to violence, also reported high tolerance toward IPV (Miller & Rasmussen, 2010).

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Health Consequences of IPV

Physical Health

IPV is associated with wide range of serious health problems affecting women's physical health including injuries, gynecological disorders, adverse pregnancy outcomes, and sexually transmitted infections. (Campbell, Rose, Kub, & Nedd, 1998; Dillon, Hussain, Loxton, & Rahman, 2013). A case-control study found that there is 50% to 70% higher chance of abused women getting sick than non-abused women and a consistent correlation between being abused and having a gynecological, central nervous system, or/ and stress-related problems (Campbell, 2002; Campbell, Rose, Kub, & Nedd, 1998). Some of the symptoms were described as headache, insomnia, and fatigue, and they reported a self-perceived association between the violence and those symptoms (Campbell, Rose, Kub, & Nedd, 1998; Campbell, 2002).

Mortality rates were high among women who experience intimate partner violence worldwide. According to the World Health Organization, 1.3 million women dies every year as a result of violence, which accounts for 2.5% of global mortality rate (WHO, 2017). Moreover, 38% of women's murdering is committed by an intimate partner (WHO, 2017). Further, violence was found to be the fourth cause of death among people ages 15-44 years (WHO, 2017). Nevertheless, the prevalence rate of homicide by an intimate partner may be under-reported.

Victims of family related homicide in Canada between 1986 and 2016 counted for 2,770 women and girls (Family Violence in Canada: A Statistical Profile, 2015). The number of homicide has been fluctuating over the years, nevertheless, in 2016, there were 134 female victims of homicide in Canada, accounting for 3.7 victims per 1 million population (Family Violence in Canada: A Statistical Profile, 2015). For example, in

British Columbia, between 2010 and 2015, there were 100 recorded homicide cases from family-related violence (Family Violence in Canada: A Statistical Profile, 2015).

Different studies indicate that physical abuse is an important cause of injury among women. Documented injuries sustained from such physical abuse include bruises, concussions, lacerations, fractures, and gunshot wounds; in addition battered women were more likely to receive injuries in the face, neck, and abdomen than other parts of their body (Campbell, 2002). Nonetheless, none of the previously mentioned studies had focused on examining the relation between a woman's cultural or religious background and her use of medical services.

While there are limited research about immigrant population, a study found that Canadian Muslim women had minimal use of physical and maternal health care services (Reitmanova & Gustafson, 2008). Reitmanova & Gustafson (2008) explained that Muslim women felt more comfortable using informal support channels like friends and family members. Further, they have also emphasized lack of medical practitioners who understand and respect their health-related religious and cultural beliefs and values (Reitmanova & Gustafson, 2008). This study highlighted the reasons for Muslim women's minimum use of medical services. It also empathized the importance of addressing and researching these issues to help Muslim Canadian women access medical services when they need it.

Mental Health

Studies documented a substantial connection between the quality of life of women and IPV and reported a measurable difference in the psychological well-being of abused women and non-abused women (Hassan & Malik 2012). Other studies linked lower marital satisfaction with IPV (Levendosky & Graham-Bermann, 2001). Further, a

growing body of the literature suggest that IPV cases correlates with depression, PTSD, anxiety, self-harm, and sleep disorders (Dillon, Hussain, Loxton, & Rahman, 2013; Vitanza, Vogel & Marshall, 1995). Herman (1992) identified a complex syndrome that long term abused women experience that is similar to PTSD but with additional symptoms like idealization of the perpetrator and disassociation, due to the chronic nature of the trauma.

A study among Asian immigrant women suggested that, immigrant women are subjected to all of the above symptoms, with an addition of culture-bound syndrome and somatization (Lee & Hadeed, 2009). Culture-bound syndrome can be defined as "exotic psychopathology that is produced by certain systems of implicit values, social structure and obviously shared beliefs indigenous to certain geographical areas." (Lee, 1996, p.22). Examining cultural values and beliefs is especially important when conducting a research on immigrant women. Lee & Hadded (2009) further suggest that depression is common among immigrant women who were subjected to verbal and physical abuse, nevertheless, verbal abuse was associated with psychological issues somatically expressed as physical symptoms. This study is particularly valuable as it adds to our understanding of how immigrant women experience abuse differently even with regard to the mental health consequences. Nevertheless, the study focused on Asian women only, therefore, the results cannot be generalized to other immigrant groups, as immigrants are not homogeneous in their cultural and religious practices and beliefs.

While mental and physical health consequences of IPV are well documented in the research, the Canadian Muslim population is under-studied in this regard. Future studies should emphasize the importance of understanding the prevalence of mental and physical abuse and differential manifestation of symptoms.

Chapter 3. Research Methodology

In this chapter, I will discuss the theoretical framework of my study to understand the multi-dimensions of IPV. I will describe the mixed method design, specifically the use of semi-structures interviews, demographic data and mental health surveys. Participants' selection, ethical considerations, recruitment, and inclusion criteria will also be detailed. In addition, I will provide information on the process of data collection and analysis.

Theoretical Framework

Social theory is defined as "a system of interconnected ideas. It condenses and organizes knowledge about the social world. We can also think of it as a type of systematic (story telling) that explains how some aspect of the social world works and why" (Neuman, 2011, p.57).

Diverse theories from the social and health sciences have been offered to explain the social structures, cultural traditions, and personal behaviors that contributed to abuse and violence (Burgess & Crowell, 1996). Many theorists and researchers have sought the causality of IPV by looking at IPV from different disciplinary perspectives, such as biological factors, evolutionary theories, social learning models, and social information processing theory (Burgess & Crowell, 1996). More recently researchers armed with multivariate statistical analysis have tested complex models of violence with multiple factors to explain IPV (McKenry, et al., 1995). For the purpose of this research, I chose Straus' General System Theory, due to its ecological and cultural perspectives.

Straus' (1973, 1979, & 1980) well-developed General Systems Theory provides an orientation to the subject of abuse with historical and cultural perspectives. His theory guided the conceptualization and methodology of my current study.

Straus' General Systems Theory. Straus (1973, 1979, & 1980) theory is multifactorial in nature and seeks to explain all family violence. He suggests that our understanding of and ability to control family violence might be enhanced if we view family violence as the product of a positive feedback social system operating at the individual, family and societal levels. The theory assumes that isolated cause-effect analyses cannot capture the complexity of social behavior. Instead of a linear cause-effect explanation, general systems theory focuses on the complexity of mutually influencing factors. In his multi-variable explanation, Straus (1980) identified seven interacting factors:

1) **High Levels of Conflict Inherent in the Family**: Conflict inside the family is motivated by gender-divided and involuntary activities by the family members, resulting in a high risk for conflicts. There is disregard for age, gender and interests of family members.

2) **High Levels of Violence in Society**: The use of violence to deal with conflicts within the family is a result of a violent society. For example, violence in society includes murder, assault, police violence, rape, war, riots, lynching, and etc.

3) **Family Socialization into Violence**: The family is the first community that the child is socialized and learns what appropriate behaviour is and how to interact with other people. When someone grows up in a family where physical punishment and aggression between family members is acceptable, they learn those behaviors and values and apply them as a model for future interactions.

4) **Violence Integrated into the Personality and Behavioral Script**: Early experience with physical punishment as a form of discipline lay the groundwork for the normative legitimacy of all types of violence. For example, fusion of love and violence, moral

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rightness of violence for good ends can be internalized into personality and behavioral script.

5) Cultural Norms Legitimating Violence between Family Members: Preceding cultural norms legitimizes violence between family members. The marriage license can become a hitting license. Violence can be legitimized based on religious, political and moral reasons.

6) Sexist Organization of Society and its Family System: The sexist organizations of the society and the system are one of the most fundamental factors in the high level of IPV. For example, denied job opportunities, lower pay for same job, prominence of wife's role, presumption that wife is primarily responsible for success of the marriage, child care primarily wife's responsibility, presumption that husband is head of the family. Masculinity is identified with violence, use of violence as ultimate resource to maintain superior power; socialization of women for subordinate roles; passivity and negative self-image reflect a sexist organization of society.

7) An Individual Woman Putting up with Beating: This could be due to economic dependence on husband, denial of public assistance, doubts about own ability, near universality of default on child support payments, husband has control of home. Women have the choice of being beaten or living in poverty. In some places, lack of police or legal protection against threats to kill if wife leaves or informs can be frightening for women. There is also the myth that keeping the marriage together is always best for the children. Women entertain the hope that the husband will change and grow and harbour guilt feeling over what she might have done to deserve it. Stigma of divorce applies mostly to wife. Social norms legitimize keeping the family together at all costs (Straus, 1980).

The model includes many of the concepts covered by other theoretical approaches including control of resources, a culture of violence, and isolation of the nuclear family (Straus, 1979, 1980). Moreover, the model suggests an interaction between various sets of factors leading to an increase in, or the maintenance of the same level of IPV (Straus, 1979, 1980).

This theory fits with my proposed study, as Canadian Muslim women are a diverse group who are influenced by at least two cultures, the culture of origin and the Canadian culture. Thus, a multi factorial system examination is required to capture the contexts of the Canadian Muslim women experience of IPV.

Mixed Method Exploratory Design

Mixed method design involves a combined use of qualitative and quantitative data. Mixed method is useful when a researcher wants to examine a complex phenomenon that requires both qualitative and quantitative data to reach a broad understanding of the research problem (Creswell, 2014). The data collection for this design could be done sequentially or simultaneously, and then triangulated in the interpretation of the overall results (Creswell, 2014). Four main types of mixed methods design were identified as: embedded, exploratory, triangulated, and explanatory (Creswell & Clark, 2007). Mixed method exploratory design is used when there are limited data regarding the research phenomenon (Creswell & Clark, 2007). A mixed method exploratory design provides a more reliable set of findings.

Maxwell (2013) identified four main areas of interest when collecting qualitative study. First, a good and professional relationship with the study participants; second, appropriate selection of setting, and participants; third, methods of data collection; fourth,

suitable method of data analysis. My study is a mixed method study with a primary

qualitative design, supplemented by quantitative data.

A descriptive qualitative design is appropriate when we have limited data about

the study sample, as with the case of Canadian Muslim women experience of IPV

(Sandelowski, 2000). The qualitative data allow for a holistic understanding of

participants' experiences, and the quantitative data provide valuable information about

the participants' background, the nature and severity of the violence, and the physical and

psychological health consequences of intimate partner violence.

Qualitative studies usually require a smaller sample compared with quantitative

studies (Creswell, 2014). Each set of data can serve a specific purpose, and while

qualitative data should provide in depth information about the sample, quantitative data

seek to provide an accurate statistical inquiry (Creswell, 2014). However, "sometimes, a

researcher can collect both qualitative and quantitative data from the same number of

individuals in the sample" (Creswell, 2014, p.222).

Sampling Strategy

Purposive sampling was used in this study. This is a non-probability method,

which includes selecting participants who can speak to the research questions. This means

that the inquirer selects individuals for study because they can adequately inform an

understanding of the research problem (Creswell, 2014). Only Canadian Muslim women

who experienced IPV were purposively selected using convenience and snowball

sampling technique. In-depth semi-structured interviews was conducted among eight

Canadian Muslim women to reach an understanding of their experience with IPV in terms

of its occurrence and socio-cultural and familial systemic factors at play.

Sample Size

In qualitative research, the goal is to provide rich information of the phenomenon under study rather than aim for generalizability (Neuman, 2011). Two earlier qualitative studies on IPV both used a sample size of nine participants to understand the phenomenon (Senter &Caldwell, 2002; Reitz, 1999). The first was a phenomenological study of women who leave abusive relationships. The researcher indicated that since the topic has limited prior studies, it needed to be explored through a phenomenological study in which the goal is not to generalize but to reach an understanding of the participants' experience (Senter & Caldwell, 2002). The second study also used a phenomenological approach to understand batterers' experiences of being violent. Similar to the first study, the researcher explained that a sample size in a qualitative study is determined by the quality of the gathered data, and not by the ability to generalize the result of the study (Reitz, 1999).

Similarly, another exploratory qualitative study used a sample size of 18 participants, to understand the counselor's experience when working with perpetrators and survivors of domestic violence, and explained that since that topic is under-studied, the sample size was appropriate to understand the counsellors' experience, with no intention of reaching generalizability (Iliffe, 2000).

In all three studies, the determination of sample size was based on the quality of data that would enrich the understanding of the participants' experience of a phenomenon while noting the limitations to generalizability.

Since my proposed study is a mixed method exploratory study that aims to understand Canadian Muslim women experience of IPV, and there is limited existing literature on this topic, a sample size of eight participants will give us a preliminary

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understanding of the phenomenon. A sample size of eight participants ranges within previous studies with similar aims on similar topics. Furthermore, by using purposive sampling in a mixed method study, the researcher can use a smaller sample size that is representative for the study purpose (Teddlie, 2007).

It has to be noted that, recruitment for the participants stopped only after I reached data saturation, when similar information was reported by the participants. Data saturation is reached when there is no new data, themes or coding that can be generated from the data   (Fusch & Nass, 2015). Further, data saturation is highly related to the design and purpose of the study, and when the researcher has enough rich and thick data (Fusch & Nass, 2015).

<div align="center">

Inclusion Criteria

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The following inclusion criteria was used in the recruitment for this study.

- Canadian Muslim women.

- Age 18 to 60.

- Having experienced control, mistreatment or harm by their spouse.

- Speak and read English or Arabic.

- Ability and willingness to give informed consent.

    The reason for these inclusion criteria is to focus on the experience of Canadian Muslim women. The age specification is to recognize that abuse at an age younger than 18 it will be considered child abuse, and above 60 will be elder abuse, which is unique enough to require separate analysis.

Data Collection

The qualitative data were collected by open-ended, semi-structured interview questions, without predetermined responses, while the quantitative data included a demographic survey and a questionnaire.

In-Depth Interviews

"The interview is a specific form of conversation where knowledge is produced through the interaction between an interviewer and an interviewee" (Liamputtong, 2013, p.52). In-depth interviews are usually conducted in person and involve one interviewer and one interviewee. In-depth interviews are useful for having individual perspectives about an issue, and it is an effective qualitative method for getting people to talk about their personal feelings, opinions and experiences and addressing sensitive topics (Liamputtong, 2013). In-depth interviewing, therefore, provides deeper understanding of the participants' experience, and offers an in-depth understanding of the factors associated with their experience as abused women. In-depth interview method is particularly valuable for accessing personal information, and therefore appropriate for collecting information from Canadian Muslim women who had experienced IPV (Liamputtong, 2013). Further, it treats the participants as experts who can help the researcher gain an insight into the phenomenon. Further, semi-structured interviews allow flexibility and for new questions to be asked as they emerge through the interview process.

The interview questions (see Appendix C) were generated from the Straus' theoretical framework and the literature review. It included questions related to: immigration experience, relationship dynamic, childhood experience of abuse, description of pre-migration context, family values, religious values, definition of abuse, and reasons

for staying and/or leaving the relationship. The interview questions followed the theoretical framework examining the conflict in the family and the society, and how family's socialization into violence may be reflected in someone's behavioural script. It also queries the cultural norms that can be reflected in the sexist organizations in the society, and the reasons for a woman to stay in an abusive relationship.

The interview questions provided broad open-ended questions to the participants to give them the opportunity to have their voices in the research process. It is important to note that the questions were structured in a way to avoid using loaded terms such as abuse, rape, or violence, but will allow women to describe their experience or suspicion of being mistreated, controlled or harmed by their partner. The interview questions were pilot-tested with my supervisor and colleagues to assess the clarity and relevance of the questions and to establish validity. Further, the researcher insured that the location of the interview is comfortable and safe for both the interviewer and the participant (Creswell, 2014). Assuring safety and comfort is a critical aspect of a successful interview. Moreover, the researcher had built a rapport with each participant in order to gain her trust. However, that does not mean having a personal relationship with the participant, but rather making them feel comfortable in sharing their experience with the researcher (Creswell, 2014).

Demographic Survey

The respondent's demographic information were collected and the end of the interview and it included age, religion, and frequency of practicing religion, education, employment, spouse employment status, marital status, and years of marriage, country of origin, years in Canada, household income, and each partner's income. The demographic survey is presented (See Appendix D). Further, the demographic data also included

questions about the women's experience of reporting IPV. Questions were asked to understand the women's help-seeking process with regard to their reasons for reporting the abuse, as well as leaving, and/or staying in the relationship. While the focus of the data collection in this study was directed toward the qualitative date, it was also supplemented with some health and mental health surveys, which will be discussed in the next section.

Health and Mental Health Surveys

Survey involves acquiring information from one or more groups of people about their characteristics by asking questions, and the ultimate goal is to learn about a large population by surveying a sample of that population (Creswell, 2014). To ensure validity of the scales, a researcher must report an established validity score that was achieved from past use of the scale (Creswell, 2014). Establishing validity is important to ensure that a scale is useful to the research and can measure the required aspects of a construct (Creswell, 2014). Moreover, reliability can be ensured if other researchers reported measures of internal consistency (Creswell, 2014).

In this research, a number of mental health surveys answer the research question: what are the mental and physical health consequences associated with IPV among Canadian Muslim women? (See appendix E). Different surveys were administered at the end of the interview to measure the participants' general health, experience of physical and verbal abuse, and symptoms of anxiety, depression and PTSD.

HITS. This is a screening tool for domestic violence which stands for Hurt, Insult, Threaten, and Scream. It was developed by Sherin and his colleagues (1998), which includes 4 items: "how often does your partner: physically hurt you, insult you or talk down to you, threaten you with harm, and scream or curse at you?". The response ranges

from: never, rarely, sometimes, fairly, often, and frequently. Scoring range from 4 to a maximum of 20 (Sherin, Sinacore, Li, Zitter, & Shakil, 1998). A validity study was done with sample size of 160 adult female patients. Cronbach's alpha was .80, which demonstrated a good internal consistency. Further, the first group of abuse victims scored significantly higher than the family practice patients, and the reliability score of 10.5 distinguished the two groups of respondents. These results were consistent with an effective screening tool (Sherin, Sinacore, Li, Zitter, & Shakil, 1998).

Generalized Anxiety Disorder scale (GAD-7). Was developed by Spitzer and his colleagues (2006), and it is a 7-items that scale that askes: over the last 2 weeks, how often have you been bothered by the following problems? The scale includes symptoms like feeling nervous, worrying, trouble relaxing, easily annoyed. The answers range from: not at all, several days, over half the days, nearly every day. Scoring range from 0 to 3, with a minimum score of 0 to a maximum of 21 (Spitzer, Kronenke, Williams, Lowe, & Bernd, 2006). A criterion study with a sample size of 2740 adult patients was done to establish validity. The study findings indicated that the GAD-7 has good reliability, criterion, construct, factorial and procedural validity. An internal consistency was excellent, Cronbach=.92. In addition, a cut point recognized sensitivity at (98%), specificity (82%). Further, procedural validity and test-retest reliability were also good, intraclass correlation=0.83. Therefore, evidence indicated the GAD-7 as an efficient screening tool for anxiety in the clinical practice and research (Spitzer, Kronenke, Williams, Lowe, & Bernd, 2006).

 The Patient Health Questionnaire (PHQ-9). Was developed by Kroenke and his colleagues (2001), and is a 9 items scale for depression, which ask: over the last two weeks, how often has a respondent been bothered by any of the depression symptoms like

loss of interest in daily activities, appetite and sleep changes, self-loathing, and loss of

energy. Scoring range from 0 to 3 score with a maximum of 27. The answers range from:

not at all, several days, more than half a day, and nearly every day. A validation study

was done in a primary care setting with a sample size of 3,000 patients to ensure validity

of the scale. The findings indicated good validity with a Cronbach's score of 0.89. Test-

retest reliability was also good as the correlation between the PHQ-9 completed by

patients in the clinic and the through the phone was 0.84, and the mean score were nearly

identical (5.08 vs 5.03) (Kroenke, Spitzer, & Williams, 2001).

Primary Care PTSD screen (PC-PTSD). This is a 4 item screening tool which was

developed by Cameron and Gusman (2003) that examines four symptoms of post-

traumatic stress disorder including re-experiencing, numbing, avoidance and hyper

arousal. A validation study with a sample size of 352 soldiers was conducted to establish

the validity and reliability of the scale. The results confirmed a good diagnostic efficiency

for the PC-PTSD. The cutoff of three 'yes" responses provided a higher level of

specificity (.90), while keeping a moderate level of sensitivity (.70). The PC-PTSC tested

well in terms of quality, sensitivity, specificity, efficiency, and quality of efficiency, and

it seemed to be psychometrically a good screen for PTSD (Bliese, Wright, Adler, &

Cabrera, 2008).

Short Form General Health Survey Single Item. This survey was developed by

McHorney, Ware, & Raczek (1993) asks the participants "in general, how would you

describe your health" A validity study with a sample size of 90 stroke patients found that

the survey has a satisfactory internal consistency with a Cronbach score of (0.7) for all

eight SF-36 health scales, as the patients with good mental health results were

significantly different from patients with mental health problems. The SF-36 provided a valid measure of physical and mental health (Anderson, Laubscher & Burns, 1996).

Ethical Consideration

Research on IPV among any group of women can raise some ethical considerations, thus, call for a special attention (Burkard, Knox, & Hill, 2012). Due to the sensitivity of the topic, there is a possibility of traumatizing the women by reliving the painful experience (Burkard, Knox, & Hill, 2012). Some measures needed to be in place to ensure the participants' emotional and physical safety. First, ensure the participants full understanding of the consent form, informing them of possible emotional sensitivity (Burkard, Knox, & Hill, 2012). Second, offer some resources and counselling that are available to the participants (Burkard, Knox, & Hill, 2012). The World Health Organization proposed some ethical and safety recommendations for conducting a research on women experiencing IPV (Ellsberg & Heise, 2002). Sympathy and kindness of the researcher is a key to eliminate stress of the participant (Ellsberg & Heise, 2002). Further, some participants may have been disclosing their experience of abuse for the first time which may act as a strong emotional trigger, with no prior anticipation of the consequences (Ellsberg & Heise, 2002).

I followed the World Health Organization's recommendations in order to ensure the safety of the participants. First, an informed consent procedure approved by the university research ethics committee was obtained and was reviewed comprehensively with each participant prior to the interview. I informed them of possible emotional triggers, and assured them that this is a safe place to share their story, and cry if they felt the need to do so. This procedure had proven to be valuable, as most participants cried at some point during the interview. Nevertheless, they were also eager to share their stories.

It has to be noted, that giving a voice to women who experienced IPV can be of a therapeutic nature (Ellsberg & Heise, 2002). Further, a list of nearby and available resources was provided to all participants. Moreover, I ensured the physical safety of the participants by giving them a full choice of time and place of the interview. In addition, I ensured a harmonious rapport between me and the participants. Coming from a similar cultural background was proven to be of a valuable addition to ensure emotional comfort of each participant as it increased the women's assurance of being culturally understood.

Recruitment

In order to gain access to the participants, I had contacted various immigrant services-Muslim community centers, mosques and the end violence against women organizations across Canada. An information letter (see Appendix A) outlining the study and requesting their cooperation in the recruitment was sent to the organizations, with the ethical approval (see Appendix H). The organizations' role was to assist in identifying potential participants and sending out an invitation letter (see Appendix B) or putting up a poster (see Appendix G), announcing the study in their newsletter or website to explain the purpose of this study. When advertising to recruit for the study, there were specific locations that can advertise this study without compromising the confidentiality and anonymity of the women. I had to consider the women's safety as replying to similar ads may put them in danger with the abuser, as some women may fear being followed or monitored by the abuser. I only contacted women who were accessing services through those service providers, and not directly. Most meetings took place in the same women's organizations to ensure the women's safety and mine.

Some women organizations and immigrant services complied and helped with announcing the study, other organizations were hesitant to advertise the study or stated

that their clients do not fall within my inclusion criteria. This approach was not very successful in recruiting participants, due to the sensitivity of the topic. After several months of unsuccessful recruitment for the study, I decided to go to various women organizations and introduce myself in order to gain the trust of the gate-keepers. I attended many conferences, training programs and workshops. Slowly, they started giving me access to participants. All participants were accessed through the help of women organizations. First participant was accessed in the beginning of 2017, and the last interview took place by the end of August 2017.

Procedures

I started the data collection process after I obtained ethical approval from the University of Lethbridge. At the time of the interview, I started with introducing myself, then I discussed the consent form with each participant to ensure her full understanding. I also informed the participant that their participation is voluntary and that they can choose to end the interview at any time or choose not to answer specific questions, could choose to stop the recording or refuse to record the interview. I provided each participant with list of counselling services available in her area and some grounding techniques if feelings of distress emerged during the interview.

The data collection process consisted of one meeting with each participant, and I interviewed eight participants in total. I reminded every participant of her full rights during the data collection process. I started with the interview questions, followed by the demographic information followed by the mental health survey.

Data Analysis

Data Transcription

The data were transcribed into written form in order to conduct a thematic analysis (Maxwell, 2013). I reviewed the tapes then the transcripts numerous times in order to refresh recollection of the data and provide a more holistic understanding of the interview. This process helped me immerse in the data and internalize thematic patterns that were presented in the data. In addition, field notes, memos, and comments were written on each of the transcripts regarding gestures, body language, and the atmosphere of the interview. The interviews were conducted in English, nevertheless, some participants used Arabic common phrases during the interviews. Those phrases were literally translated to ensure accuracy of the information. Having a similar background and thus, understanding the meaning of the phrases, was a valuable asset in interpreting those phrases.

Thematic Analysis

The data analysis process began soon after completion of each interview. Thematic analysis was used for identifying, analyzing, and reporting themes within the collected data (Rubin & Rubin, 2005). Data analysis usually begins after a researcher accepts a transcript as the raw data that will be analyzed (Rubin & Rubin, 20005). For qualitative data, the researcher either form or refine concepts that are found in the data (Neuman, 2011). Concept formation is an essential part of data analysis which start during data collection. In general, conceptualization is a way to understand and make sense of the data (Neuman, 2011). Further, qualitative description starts when the researcher tries to describe an experience or an event by choosing what aspects in the

experience they will describe and then start to transform that experience into a specific

themes (Sandelowski, 2000).

To analyze qualitative data, the researcher starts with categorizing the data based

on its themes, concepts or similar features (Neuman, 2011). During this process, a new

themes and concepts emerge to formulate conceptual definitions, and examine the

similarities or differences among the existing themes (Neuman, 2011). Ultimately, the

researcher links the themes with each other to organize them in categories (Neuman,

2011).

In qualitative data analysis, coding refers to the process of organizing raw data

into conceptual categories to generate themes and concepts (Neuman, 2011). Coding is a

vital process for qualitative data that help the researcher to make sense of the data by

organizing them into categories (Neuman, 2011). Further, coding themes usually starts

with list of categories that can be generated while reading the data notes. The list of

categories can be helpful to see the emerging themes in organized categories. In addition,

different researchers have different coding styles; some will code every line, while some

prefer to code paragraphs at once. The degree of the details included will be based on the

richness of the data and the research purpose (Neuman, 2011).

Procedure

During the data analysis, the transcripts were printed and coded line-by-line

manually with no use of a software. While there are different techniques to analyze

qualitative data, they all aim to make a clearer sense of raw data (Neuman, 2011). Then I

organized the initial codes for each participant in separate tables.

After the initial stage was done for all participants, I started working on the emerging themes. I ensured that the commonalities between the participants were present in the final themes.

Reflexivity

Reflexivity is important when conducting a qualitative research in order to understand how the participant's past experiences and beliefs can impact the interpretation of the data (Finlay, 2002).Working on this research was a wild journey for me. I was expecting to empathize with the women's stories, as I worked as a psychologist in a protection shelter before and I had listened to lots of women's experiences of abuse. Nevertheless, that was in my country of Saudi Arabia. Being here in Canada and listening to what Canadian immigrant women had to endure was emotionally challenging for me. I kept reminding myself of my goal and I checked my biases many times to make sure it does not affect the data collection process. For example, as a woman, I may over sympathize with other women's suffering, and having a similar cultural background may led to making assumptions about the women's answers. In order to address these issues, I had long talks with a counselor in the field who validated my feelings that it is hard to stay completely objective when dealing with abused women. She also reminded me that my role here is as a researcher and not a counselor. It can be hard not to provide additional help to the women when I can, but it was not my role. She further explained that giving them a voice in the research is an empowering experience for them. I was satisfied with this new level of understanding as it help me to remain objective but sympathetic at the same time. I believe my empathy was appreciatively perceived by the research participants, as they shared their stories freely and with rich details. I believe coming from a similar cultural background was a valuable asset in this research as they

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did not have to be on guard and were not afraid of being judged based on their cultural

differences as I readily understood their cultural references.

Chapter 4. Findings

In this chapter, I present the results of the thematic data analysis that I have
conducted on data obtained through semi-structured interviews. In addition, I include the
demographic information and data I have collected on health and mental health aspects of
IPV. In presenting the qualitative findings, I will ensure that the participants' voices are
heard (Creswell, 2014) by providing pertinent quotes. Furthermore, I will utilize the
quantitative data, to make connections with the qualitative data to answer the research
questions that were previously stated.

Participants' Demographic Profile

Qualitative data in this study was collected through semi-structured interviews
with (N=8) in 2017 in a major metropolis in Canada. Quantitative data, including
demographics (See Table 1) and psychological information (see Table 9) were collected
at the end of the interviews. I represent the demographic information of the participants in
Table 1, followed by a brief description.

Table 1. Participants' Demographics

Name	Age	Country of Origin	Years in Canada	Marital Status & Children	Length of Relationship	Education	Employment
Sallam	47	Morocco	6 Years	Divorced None	6 Years	Bachelor	General Labor
Khadija	57	Iraq	27 Years	Divorced None	21 Years	Bachelor	General Labor
Fatima	47	Iran	5 Years	Separated Two	21 Years	Bachelor	Health Care
Sherine	38	Canada	Canadian - born	Single One	10 Months	Master	Health Care
Salma	30	Afghanistan	8 Years	Separated None	5 Years	Bachelor	Not Employed
Zahra	29	Iraq-Kurdistan	7 Years	Separated Two	9 Years	Bachelor	Not Employed
Safia	39	Iran-Kurdistan	22 Years	Divorced One	13 Years	High-School	Not Employed
Noor	54	Iran	13 Years	Divorced One	26 Years	Bachelor	Educational Services

Ages of participants ranged from 29 to 57 years old with a median age of 47. One participant was Canadian-born; one from Morocco, one from Afghanistan, two from Iran, and two from Iraq, and two had identified their country of origin as Iraq/ Kurdistan, and Iran/ Kurdistan. The number of years in Canada ranged from 6 to 27 years, and they entered Canada between 1992 and 2014. Four participants were divorced at the time of the interview, three were separated and one was single. During the relationship, all the women were employed, which means they had contributed to the household financially, and were not completely reliable on their husbands for their financial needs. However, at the time of the interview, five participants were employed and three were unemployed. Three participants had no children, while two participants had two children and three had one child. Having children was an important determinant when considering leaving or staying in the relationship.

In this study, six participants had a Bachelor's degree, one had a Master's degree, and one had a high school diploma. With slight variation, the majority of participants were well-educated. With the exception of the Canadian-born, who completed her education in Canada, the immigrant women had completed their university degree in their country of origin. The participant who immigrated as a teenager had a high-school diploma from her country of origin.

Further, there was a variation in employment between the country of origin and Canada, as most participants became under-employed in Canada (e.g. a physician became a caregiver). Only the Canadian-born participant had a stable professional job that matched her education.

With regard to ethnicity and family connections, all of the participants had married partners who were of the same background as themselves, except for Sallam, a

Canadian Moroccan, married to a Canadian Iraqi man. Six out of eight participants do not have family members in Canada, which contributed to their feelings of loneliness and social isolation; the notable exception was Sherine and Khadija. The first one is a Canadian-born and the second one came with her brother who lives in a different city, and both women are partially estranged to their family members in Canada.

Further, seven out of eight participants were Canadian immigrants who experienced changes in their socioeconomic status before and after immigration. Sherine, the Canadian-born was the exception as her education matched her income level. This poses an important question of the variation of income level due to immigration stressors, which will be discussed in the upcoming themes.

The rest of the women described their income as stable before immigration, and placed themselves in the lower-middle income group after immigration, with the effect of employment instability.

This study's first question aimed to examine the demographic characteristics of Canadian Muslim women who were subjected to abuse, harm or mistreatment in their intimate relationships. The Canadian-born woman experienced IPV differently from the Canadian immigrant women as the Canadian immigrant experienced it with the addition of immigration stressors and societal and familial pressure, as it will be seen in the themes.

The demographic information is particularly important in influencing the women's decisions of seeking formal support, their level of comfort and familiarity with the Canadian system and way of life. The Canadian-born participant was able to seek formal support and end the relationship within 10 months, while the Canadian immigrants had different experiences as they stayed in the relationship for years before seeking

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formal support. Reasons and discussion will be provided in the themes to better understand the differences in the IPV experience of Canadian-born verses Canadian immigrant women of IPV. The next sections will focus on the themes that emerged during the data collection process.

Themes

In this study, six themes emerged from the data analysis to describe the Canadian Muslim women's experience of IPV. Among each of the six themes, sub-themes have been identified. The thematic ordering also reflects the trajectory and milestones of these women's journey with IPV with regard to its onset, help-seeking, and disclosure process.

In the trajectory below, the first theme, **Childhood of Trauma and Violence**, describes the childhood trauma of the participants and their partners. The second theme **Iron Cage of Society; Religion and Culture**, presents the effect of religious and cultural values. The third theme, **Prey to the Potion of Love**, examines the longings of the participants for love, and their accommodation of the abusive behavior toward their partners. The fourth theme, **Escaping from Oppression; Immigration to Canada**, focuses on the positive and negative aspects of immigration on their experience of IPV. The fifth theme, **The Turning Points**, addresses the women's reasons for staying and leaving the relationship, with relation to their own definition of abuse and the different forms of abuse that they have endured during the relationship. The sixth theme, **The Toll of IPV**, focuses on the various consequences of IPV among Canadian Muslim women.

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┌─────────────────────────┐
│  1)Childhood of Trauma & │
│         Violence         │
└─────────────────────────┘
             ▼
┌─────────────────────────┐
│  2) Iron Cage of Society,│
│    Religion & Culture    │
└─────────────────────────┘
             ▼
┌─────────────────────────┐
│   3)Prey to the Potion of│
│           Love           │
└─────────────────────────┘
             ▼
┌─────────────────────────┐
│  4) Escape from Oppression│
│        Immigration       │
└─────────────────────────┘
             ▼
┌─────────────────────────┐
│    5) The Turning Points │
└─────────────────────────┘
             ▼
┌─────────────────────────┐
│      6) The Toll &       │
│   Consequences of IPV    │
└─────────────────────────┘
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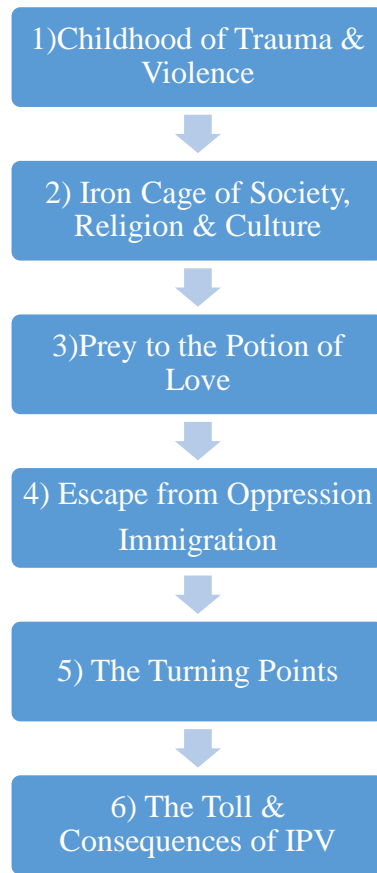
Figure 1.Trajectory of factors, reasons and consequences of intimate partner violence among Canadian Muslim women

Theme 1: Childhood of Trauma and Violence

Women's Childhood Experiences of Abuse

In this study, all of the participants expressed some form of childhood trauma that included: six lived in a war zone, four were exposed to domestic violence, and two experienced loss of a parent during childhood. In addition, father's number of wives, father's excessive alcohol consumption, teen immigration, marriage and pregnancy were all types of childhood and pre-migration trauma that the participants expressed. Here is how some of the participants expressed how they lived their childhood:

What to tell you, I was raised with my father and my stepmother, my mother died when she gave birth to me, my stepmother had a very hard time with my dad, he married another woman and he used to hit her a lot, and she (Thank God) had a job. You know, problems, another life, and no rights.

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In the above quote, Sallam described her childhood as marked with abuse, and how her father treated her stepmother with excessive use of physical violence. Further, she also expressed how having a job, hence, being financially independent, can be of a great value, while lack of women's rights can hinder a women's ability to flee an abusive relationship. Fatima also witnessed abuse as a child, and expressed how her mother feared her father and therefore she fears her husband as she learned from her mother:

Just like my life. Maybe a little worse, or a little better, you know, I mean when they are young, when I was a child, but now they are very good together and they are getting older, but I remember when I was a child it was very bad. I think because, maybe I learned to fear my husband, always thought if I was a little more brave, I can stand in this life, and I, my mother didn't do anything against the violence, then maybe I learned from her. I remember my father always put down my mother.

Fatima's story demonstrates how fear can be a learned behavior, as she grew up in a household where her father verbally abused her mother, and her mother responded in silence and acceptance. Similarly, Sherine explained that she preserved a relationship with her father, even though he abused her as a child, and that affected her level of acceptance of physical abuse from an intimate partner,

I maintain a relationship with my father and obviously, he did physically abuse me, so, for me to be able to accept that from the first and foremost important man in my life, it becomes a little bit easier to accept it from a romantic partner.

Noor, on the other hand, had experienced the loss of her father when she was nine years old. The amplification of her experience is undeniable, as she kept looking for a father figure in a romantic partner. In her own words:

It affected me because I think I was always looking for a father, not a husband. My husband was nearly 12 years older than me when we married, so I think, I didn't become attracted to boys my age. I always had the boy at least 10 years older than me. Why? Because I didn't have a father, I have always wanted a father, and he knew and I told him, 'You are my father, you are not my husband'.

Husband's Exposure to Violence as a Child

During the interviews, all of the participants had some details of their husbands or partners being exposed to and witnessing abuse as children, with variations in the severity and the amount of details they have shared with their wives. The implication of young boys witnessing abuse in childhood can hold a particular importance in term of the learning of acceptable methods of interactions between couples in the future. For example, Sallam gave details about her husband's childhood trauma as he was an orphan moving from one family house to another, lived in a war zone, belonged to religious minority, and immigrated unaccompanied at 17:

I know that my husband has a complex. Since he was a child, he did not have a mother or father. He grows up with relatives. He immigrated when he was 17 years old, which gave him a complex. He went everywhere; he went to Libya, Kuwait, Russia, then Canada. He had to marry an older Russian lady to do his papers. I mean, he grows up in a complex society, especially Iraq, they have a lot of problem and now the war, in addition to the internal war between the Sunnah and Shia.

Zahra and Salma both reported their husbands' experience of physical abuse in childhood. Zahra stated, *"Yes, his father and mother beat him a lot, but he doesn't like to talk about it. I mean, his mother once burned his hand, there is a still a scar of that burning."* Salma highlighted that poverty and illiteracy were important factors to be considered when looking at her husband's childhood:

As a kid, he lost his dad, he is the youngest among 12 other siblings, and they were very poor and uneducated, and he was mentally and physically abused by his brothers, especially his oldest brother. You know his oldest brother told him 'If you got married, you have to beat your wife from the first night, so she will obey you after that'.

The repetitive cycle of violence is highlighted in this quote, as his brother who used to physical abuse as a way of discipline, is giving him the same advice to bring his wife into submission.

Safia's ex-husband had a very challenging childhood, with 24 siblings, and an absent father, who abandoned and neglected his children from the first marriage emotionally and financially. Due to this neglect her husband had to work as child and was incarcerated multiple times and was severely abused physically and emotionally, As Safia reported:

My ex-husband's dad, will, they were poor, and he got a second wife. He had a total of 24 kids, 12 boys, and 12 girls. The second wife when she came to the family, she didn't let him see his older kids, you know what I mean, so, they were kinda like, he abandoned them. And they had mom and you know, they were poor, so my ex-husband started working in the age of 12 or 13, but he had to travel to a different city, as a kid, it was really hard, they would capture him, they would put him in jail, or they would, you know, I know, I know emotionally, I am not sure about physically, I'm sure he had been abused emotionally, but 80% physically. He didn't have a father, they were poor, his dad and their step mom they took everything from them, the lands, the money.

Experience of high level of childhood trauma was an important factor in repeating the abusive behavior as Safia reported, *"One day when we were together arguing, he pressed my hand, and I said you are breaking my hand, and he said 'So? My dad broke my mom's hand and you are not better than my mom'."*

Further, Noor's ex-husband had a complex level of childhood trauma which included: father's suicide, mother's abandonment due to poverty, living with abusive relative. In addition, he was imprisoned for his social beliefs for 7 years:

He is a communist. He was a political prisoner for 7 years. He was in solitary confinement for 50 days when he was first arrested. His mother didn't have enough money to raise him, so she sent him to his aunt who is in another town in order to take care of him and to put him to school, because she didn't have the money to put him to school, so he didn't have a father, and he didn't have a mother to take care of him either, his aunt was very very strict he told me, "When I wanted to read I had to go under the blanket and open a torch to read, because my aunt said you have to be asleep at 8 o'clock and I couldn't sleep at 8 so I had to go under the blanket to read.

Table 2 represents each participant and her partner's exposure to different forms of trauma.

Table 2. Participant and Partner Exposure to Violence in Childhood

Name	Participant's exposure to violence	Husband's exposure to violence
Sallam	Loss of a Parent(at Birth) Exposure to Physical and Verbal Abuse (Father) Father's Number of Wives (2)	Loss of Parents. Unstable Childhood: Raised by Different Relatives War Zone Country Religious Minority Teen Immigration by himself (17) Poverty
Khadija	War Zone Country	War Zone Country Teen Immigration by himself (Age Unknown) Exposure to Physical Abuse (by Teacher). Poverty Illiteracy
Fatima	War Zone Country Exposure to Physical and Verbal Abuse (by Father)	War Zone Country Exposure to Physical and Verbal Abuse (by Father)
Sherine	Exposure to Physical and Verbal Abuse (by Father)	Exposure to Physical and Verbal Abuse (by father)
Salma	War Zone Country Exposure to Physical and Verbal Abuse (Father) Excessive Alcohol Consumption (Father)	War Zone Country Exposure to Physical and Verbal Abuse (Brothers) Witness of Physical and Verbal Abuse (Father) Loss of a Parent Number of Siblings (12) Poverty Illiteracy
Zahra	War Zone Country	War Zone Country Exposure to Physical and Verbal Abuse Poverty Illiteracy
Safia	War Zone Country Teen Immigration by herself (14) Teen Marriage (16) Teen Pregnancy (17)	War Zone Country Exposure to Physical and Verbal Abuse (Father) Child Neglect and Abandonment (Father) Poverty Illiteracy Number of Siblings (24) Father's Number of Wives (2) Child Labor Child Imprisonment

	War Zone Country	War Zone Country
Noor	Loss of a Parent (at age 9)	Father's Number of Wives (3)
		Father's Depression
		Loss of a Parent (Father Commit Suicide)
		Poverty
		Illiteracy
		Child Abandonment. (Mother)
		Exposure to Physical and Verbal Abuse (Aunt)
		Child Labor
		Political Imprisonment (7 years) (Before the Relationship)
		Solitary Confinement (50 Days) (Before the Relationship)

Table 2 shows that six participants and seven of the partners had lived in a war zone; four out of eight participants and seven of their partners were exposed to or witnessed physical and verbal abuse, neglect or abandonment as children. Two participants and three partners had experienced a loss of a parent or parents. Further, none of the participants had listed poverty or being illiterate as a childhood trauma, nevertheless, six partners suffered from poverty in their childhood, and five partners were raised in an illiterate families. In addition, number of wives, children, child and teen immigration, child labor and child imprisonment were reasons for childhood trauma among the partners.

Family Pressure

Except for Sherine, the Canadian-born, all the other participants came from collectivist societies and cultures, where particular social structures and networks both positively and negatively influenced the families' lives. These social networks also functioned to enforce certain values, beliefs, and expectations from the men and women who live in those societies.

In this research, Six of the study sample expressed that the maintenance of such social structures can be very challenging, and can affect their decision of leaving and staying in the relationship. Further, some participants stated that even though their lives have changed by growing accustomed to Canadian society, their family members, even though they live in the country of origin, still have the ability to pressure the women to act in certain ways to keep the traditional social structures and values alive. Participants were under their families' pressure even while in Canada. These values could also have been internalized by the women, but reinforced in conversation with their parents and family members. For example, Sallam was one of the participants who experienced family pressure, and got married to please her family, as stated in the following quote, *"My family pressured me to get married, 'You are getting older, you have to try, why not, why not get married, and go to the U.S.', I mean Canada."* Likewise, Salma expressed her reasons for not leaving an abusive relationship as, *"I stayed in the relationship because of the society's roles and my family's reputation."*

Khadija expressed how her family's pressure affected her help-seeking process, *"My family do not like divorce, everyone said, 'Be patient, be patient,' and when I got married my family were very happy for me, so how would I get divorced in the first month?"*

Family Interference

Relatives were found to have a double effect on the participants. On one hand, friends and close family members were an important source of comfort and emotional support. On the other hand, five out of eight participants reported that especially in the country of origin, the husband's family maintained the patriarchal extended family system. The wife became responsible for the husband's family, with lack of privacy

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between the two partners, as Noor stated, *"I lived with his sister and it was really difficult, I've never had any privacy in my life never."*

Moreover, extended family system responsibilities may cause conflict between the wife and her parents-in-law and other family members. For example, a mother-in-law may advise her son to hit his wife to prove his manhood. In Salma's words, *"His mother once told me after he had hit me so hard: 'his father did the same thing to me, you are a woman, and you should keep quiet.'"*

Participants also emphasized the role of family's interference in escalating the abuse. For example, in Fatima's case, *"My family after about 7 or 8 years, they have found out that we have some confliction, but I think, I wish they didn't know, because, I think there is, it is not very helpful, you know, maybe the interaction get worse, I think so."* Similarly, Safia reported:

I talked to my family and his family, and his family they were never supportive. One of his older brothers, I called him and I cried, I said, 'Look, I can't take this anymore, I don't know what I've done, if I did something wrong, I just want you guys to tell me.' I remember his stupid brother, he said, 'Ok, give him the phone, I'll talk to him.' And when he talked to him, he said, 'Look, break her nose and get another wife'.

Theme 2: Iron Cage of Society, Religion and Culture

The second theme is an attempt to answer the second research question: what are the social, cultural, family beliefs, and values related to the experience of Canadian Muslim women concerning IPV?

Religious Values

While all the participants were Muslims, their observance of the Muslim practices of prayer, fasting, reading the Quran and going to the Mosque varied. Table 3 represents the frequency of the participants' different religious practices.

Table 3. Participant Religious Practices

Name	Practice Faith	Pray	Fast	Go to Mosque	Read Quran	Religious Affiliation
Sallam	1	All Required	All Required	Never	Everyday	Sunni Muslim
Khadija	1	Some Required	Some Required	Rarely	Rarely	Shia Muslim
Fatima	1	Some Required	Never	Never	Rarely	Shia Muslim
Sherine	0	Never	Never	Rarely	Never	Non practicing
Salma	0	Some Required	All Required	Never	Everyday	Shia Muslim
Zahra	1	All Required	Never	Never	Rarely	Sunni Muslim
Safia	1	All Required	All Required	Never	Everyday	Sunni Muslim
Noor	0	Never	Never	Never	Never	Non Practicing

Key: 1=Yes; 0=No

Table 3 shows five participants practiced their faith, three prayed when protocol required it, three prayed some of the required times, and two never prayed. Three fasted when required, one participated in some of the required fasts, and four never fasted. Six participants had never been to the mosque and two went rarely on the Eid festival occasion only. Three read the Quran every day, three read the Quran rarely, and two never read the Quran.

In this study, all participants described general religious values that are mostly moral characteristics such as: respect for the elderly, human rights and dignity, kindness and compassion, and helping others. As Sallam stated, "*Respecting all religions, in Islam, God asked us to be respectful in Quran, I don't follow Sunnah or Shia, Islam is in Quran. And helping people, if you can help your brother, if not at least be pure and have a clean heart, this is religion.*" Similarly, Safia reported, "*My religion, I love about it is to respect the elderly, especially the parents, it teaches you to respect.*" These quotes demonstrate the importance of religious values on shaping positive moral characteristics.

Secondly, religious coercion was experienced by two participants in their country of origin, but none of the participants reported it in Canada. Religious coercion was highly influenced by family pressure. For example, Salma reported being forced by her husband to pray to please her mother-in-law, *"He forced me to pray, so his mom will see me praying, even though he was not praying."* This shows the strong connection between religion and culture, and that the implementation of religious values is highly related to the cultural structure of the society. As Fatima stated, *"The society's values and the religious values are not separated, they are combined together. And most of the society's values are the same as religious values."*

Thirdly, the participants did not reach out to a religious leader, neither in their country of origin nor in Canada. Six participants had never been to the mosque and two had gone in special occasions. This was based on their answers in the demographic information form, nevertheless, none of the participants indicated any regular attendance during the interviews. Information about the partners' religious practices were not provided, and therefore we cannot comment on how the partners' religious practices affected their level of violence.

The next section will examine the cultural values of the participants to understand how it can contribute to increasing risk of IPV.

Cultural Values

Cultural values played an important role in the participants' experience of IPV. Canadian- immigrant women came from traditional Muslim-majority countries where the cultural values played an important role in shaping their beliefs, values and experiences. Even the Canadian born participant experienced a sense of cultural practices during her

childhood through her family members. In this study, cultural values were interpreted in two different ways.

The Positive Influence of Culture. Participants stated some valuable cultural aspects that they used to have in their country of origin but not in Canada, such as respect of the elderly, a tight supportive social network, family gathering and helping others. For example: Safia said, *"Back home is really tight community, everyone knows everyone, friends and family, if something happened they help each other."*

Safia stated the importance of family ties and gathering as an effective way to eliminate social isolation. Moreover, Safia reported the importance of elders in the community as mediators:

If someone in a marriage, they have problems, they would call few elders, like old people, and go to that person who had a problem and they would set and talk to them, for example they would say 'what do you want him to do for you, what do you want her to do for you?' They would talk to them, she would say 'I want this and that'.

Safia reported a valuable cultural aspects that she admire in her country of origin, as people form strong ties with one another, and older people are valued and respected and their wisdom is passed from one generation to another.

Connected to the importance of family unity and social gathering, an emphasis was placed on strong morals and human respect, as Zahra stated, *"There is a speech about morals and important values, like you should live with dignity and good reputation."* Noor also expressed, *"It was not okay not to study, and not okay to disrespect older people, and not okay to, when I was 18 years old, I never wore high heels or see through clothes."*

In this way, participants expressed some valuable cultural values that they have internalized, and that are closely connected to their religious values in term of the emphasis on family unity, respect, and modesty.

Next, I will represent some patriarchal aspects of the cultural values which, in my study, had its effect on increasing the risk of IPV and tolerance toward abuse. This include: the negative social perception of women and divorce, different gender roles and responsibilities, and the household work division and decision making in the relationship. **Social Perception of Women and Divorce.** In my study, Canadian immigrant women were pressured to stay in an abusive relationship, and to stay silent and not report the abuse. With the exception of the Canadian-born participant, Canadian immigrant women had experienced a high level of social stigmatization in their country of origin and in Canada, through the negative social perception of women generally, and divorced women in particular. Canadian immigrant women reported that they had to choose between staying in an abusive relationship, or fleeing violence and being ostracized by the community. Khadija stated her reason for putting up with the abuse for twenty years in the following words, *"I knew why I stayed with him, because of our tradition and customs, my mother and my family, if he kicked me out, where would I go, I can't live on my own. At least now they will say, I was patient for 20 years."* The social perception of divorced women delayed Khadija's help-seeking process and limited her access to formal resources, as she was under the influence of judgment, shame and blame, which further silenced her for twenty years. Even though she was living in Canada, but all of her family members, except one, lived in her country of origin, Khadija internalized the cultural oppression and lived by the same rules that were applied in her country of origin.

Importance of maintaining the family's reputation was strongly believed among seven participants. Although they belong to different countries, the general attitude toward women is very similar, and this can influence the likelihood of women's ability to seek divorce, and it has an effect on different areas in their lives. For example, Zahra, who is still separated but not divorced, expressed, "*In my country, a woman should be quiet and don't say anything or complain about her marital problems, no one will let you get divorced or separated, a divorced woman will have a bad reputation and she won't be able to find a job or get remarried.*" Although Zahra had been living in Canada for the last seven years, when asked about why she did not ask for divorce, she referenced her country of origin. Similar responses were found among the immigrant participants, whether they had spent over twenty years in Canada, or five years. The internalization of their cultural values was strong, that they experienced low level of internalization of the Western values which was rarely mentioned during the interviews. This strong sense of original cultural values can be tied to the different gender roles, which will be addressed in the next section.

Different Gender Roles and Responsibilities. In this study, gender inequality was highlighted by all the participants, even the Canadian-born as a contributing factor to IPV. Women indicated that they were socialized from their childhood to take on certain roles within the marital institution. As Fatima reported:

I mean they have kind of patriarchy, ya, the girl should be so, and the boy should be, you know, we have so many should and should not. Roles about the differences between men and women, I remember, I started to write poems when I was in the university, but my father said it was not good for girls.

Fatima had gone to university, and worked as a physician in her country of origin, nevertheless, her father had a specific understanding of what is appropriate for women.

Even Sherine, the Canadian-born participant, was subjected to the gender roles that were

enforced by her Canadian immigrants' parents:

Here was the stereotypical patriarchal positions and even for myself, you know, I remember wondering, you know, why? I have a brother who was 18 months younger than me and I wondered why he was allowed to go outside to play? And my parents expected me to stay inside and clean the table and the dishes, so there were a lot of that going on as well, my father and mother both believed in physical punishment.

The implications of male dominance are important, as the concept of male

dominance affects the perception of women and place them in an inferior position. As

Safia stated, "*A man is always right, a woman is always behind, 90% men rights, and*

maybe 10% women rights." Additionally, it limits the women's ability to engage in an

equal division of power, as Salma expressed, *"Women are not treated as an independent*

human being, a woman should always be protected and controlled by a man." Moreover,

unequal treatment and segregated gender roles were assigned to each gender, especially in

the country of origin, as Noor reported*, "They get paid less, also men and women studied*

at different places, and men were not allowed to teach women and, and also, in the court

you can't actually raise your voice, they don't hear you, the judge only listen to the man."

The participants highlighted how they experienced strict gender roles in their country of

origin and in Canada. Strict gender roles affect different aspects of their lives such as:

choose of hobbies and activities, freedom of mobility, lower paying jobs, gender

segregation, and different treatment in the public services. In addition, strict gender roles

placed the women in an inferior position as followers. In the next section, I will examine

household work division, and decision making in the relationship.

Household Work Division and Decision Making in the Post-Migration Context.

During the time of the relationship, all of the participants were employed outside the

home, worked an equal number of hours as their husbands, and contributed to the household income. However, only the Canadian-born participant expressed an equal division of the household work, while Canadian immigrants stated that their husbands made all decisions regarding different aspects of their lives. Additionally, they adhered to the previously learned divisions of roles and responsibilities, and articulated that the patriarchal division of household work was maintained in Canada. For example, Sallam said, *"I go back from work, and he makes me clean the table and wash the dishes, and such, and he curses me in front of his children."*

Women held the sole responsibility for the household work, even when they were full-time employees. They had to endure verbal abuse, mistreatment, control and humiliation as means of enforcing male dominance in the post-migration context. Fatima stated, *"I had to go to work and my daughter was ill and she was around 2 years old, and when I came back home, my husband put all of the stuff in the closet around the home to hurt me and I had to collect them again because he was very angry when I go to work and he had to stay at home to take care of the child."* Zahra experienced a similar situation, "*Sometimes, he would throw his socks or underwear, so I have to pick them up and clean after him, just like that to make me angry*."

The previous statements highlight the gender inequalities that are particularly magnified for Canadian immigrant women who have little power to negotiate a fairer division of household work. Both partners had internalized their culturally assigned roles in the post-migration context, and men used different strategies to hold to their positions as head of the family.

Another indication of inequality in the home would be the fact that the Canadian immigrant participants did not have an equal access to the joint bank account. They

worked to improve their financial situation, but the financial control was granted solely to their male partners. Only the Canadian-born participant had an equal access to the joint bank account. Losing financial stability limited the women's ability to save or maintain any financial independence, thus, hindering their ability to flee the abusive relationship.

Further, Canadian immigrant participants highlighted that their partners were shamed if they helped in the housework. For example, Salma shared, *"Me and my sister-in-law do the housework, my husband (laugh), no way, his mom would shame him if he tried to help with the house work."* Similarly, Zahra reported:

My husband (laugh), no way, his mom would shame him if he tried to help with the housework, I mean, we had people over once and after they left, I was really tired and it was late, so he helped me with the dishes, but when his mom entered the kitchen, she started yelling and saying things like 'you are spoiling her, she will ride you like a dog, your wife is stronger than you' and such things, so my husband left the dishes and he had never offered me any help around the house.

Salma and Zahra both highlighted the ramifications of maintaining a patriarchal system in the household, in which gender inequalities are strongly implemented under the cultural values and reinforced through members of the society. Strict gender roles were internalized and maintained after immigration; even when 100% of the participants worked and contributed financially to the household, Canadian immigrant women were also responsible for the household work, which added more stress and reasons for conflict. The only exception was the Canadian-born participant who stated equal division for the household work, which further supports the implications of the cultural values in imposing strict gender roles.

In conclusion, theme two examined the effect of the religious, cultural, and social values that contributed to the women's exposure to IPV. The findings suggest that maintaining patriarchal gender roles was an important variable in putting the participants

at more subjected position that can make her more tolerant of IPV. Further, the greater the degree of social inequality, the higher the chances of internalizing oppression, and tolerance toward the abuse which negatively affects the help-seeking process.

Another factor contributed significantly to the tolerance toward abuse, was the deep emotional attachment of seven participants had for their partners, which will be presented in the next section.

Theme 3: Prey to the Potion of Love

Patriarchal values and structural gender inequalities shaped the early experiences of the participants and their partners. In addition, there were profound issues of childhood trauma, psychological scars, and history of interpersonal violence that both partners brought to their marriages. This inescapable shadow of trauma darkens even the simplest expression of romance. Having a romantic partner creates an attachment that is strong and provides comfort for both the man and the woman. In this theme, I will give details on the participants' experiences of love blossoming into a relationship, loss of love, then love and regret.

Love Blossoming

In this study, six participants had a loving relationship with their husbands prior to marriage. One had an arranged marriage and one had a teen marriage. Further, seven out of eight participants had lived in war-torn countries, and fled to Canada to start a new life. Three women came by themselves, two women came with their children, and only one woman came with her husband and child. Women in this study were in a great need for love, attachment security, and emotional comfort that can be provided mutually in an intimate relationship.

Sallam met her husband while she was working in a profession that matched her degree; he pursued her until she agreed to start a relationship with him for two years, before her family pressured her to marry him, and move to Canada. She then gave up her career and house in her country of origin and came to Canada to be with him. She expressed, *"We started the relationship on the telephone and via Skype and such for two years, and I have never said no to him, he looked like a decent and well-educated man, and he has experience in life."* Likewise, Noor started a relationship with her husband for a year before marriage, and during this time, the intimate relationship developed to a physical attachment, and strong emotional connection, which made her turn a blind eye when he did not follow the traditions and customs when they had their wedding. She reported, *"We became boyfriend and girlfriend and I used to go a lot, I mean, we went to many restaurants, but most of the time we went to his place and I stayed until the morning and that is how we were."* Similarly, Sherine met her partner through a mutual friend, and they lived together after one month of the beginning of the relationship, and she developed a strong emotional connection with her partner. In her own words, *"We had like very strong, almost spiritual connection, like we were very connected in terms of, like he was able to, like, assess my feelings, my emotions, mm, just, you know, upon meeting with him, I felt like we knew each other for much longer than we did, so, mm, it was a unique connection."*

As can be concluded from the previous quotes, the male partners used different strategies of pursuit, which included behaviors designed to increase emotional and/or physical closeness to a partner. The obvious goal of pursuit was to engage the female partner, thus increasing a partner's proximity and availability. These women experienced the honeymoon phase in their relationships, and they felt the emotional attraction, the

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physical attachment, and the spiritual connection. Women expressed their sense of

attachment in various ways, which led to the relationship developing into marriage or

partnership. The emotional feelings quickly deteriorated after the marriage when their

male partners started distancing themselves, and the participants started experiencing a

different phase of the relationship that would be introduced in the next section.

Loss of Love

Six participants reported that their male partners used different strategies to

distance themselves and to decrease emotional and/or physical closeness to a partner. As

Zahra shared, *"He is always very distant, I actually don't feel like I have a husband, we*

lived in the same house, but he was miles away in his head." Similarly, Sherine expressed

"*He would stay out late or exclude me, or just I wouldn't hear from him for several days,*

the most was maybe 5 days."

This increase of emotional detachment developed quickly and created a mixture of

love and violence that coexisted in the relationship which was confusing for the

participants. Their attachment needs acted as a powerful motivator for overlooking the

warning signs for IPV and remaining in the relationship.

For instance, Noor expressed*, "I knew what I was getting into but because we had*

become so close and I have become so close physically that's why I was not able to give

up, and I was attached emotionally." Likewise, Khadija reported, *"Since the first day, I*

thought this man has no morals." Noor and Khadija both demonstrated high levels of

attachment anxiety throughout the relationship, which may have influenced their response

to the alarming behavior clues with more of proximity-seeking behavior.

Further, some participants expressed that they hoped their partners will change

after marriage, as Noor stated," *I thought I was in love and I couldn't stop, I knew what I*

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was getting into but I said he might change, I'm maybe able to change him." The previous testaments show how the participants were committed to saving the relationship which contribute to their willingness to cling to the hope that their partners will change. This suggests that the more the woman is committed to her relationship, the more tolerant she will be of abuse, and hence the more reluctant she will be to leave her partner. Participants' level of commitment and the hope for change were important factors in the decision to stay or terminate the relationship.

In the next section, I will provide some details about the regret that the participants experienced after they left the relationship.

Love and Regret

Six participants entered a relationship with hope of a better life and emotional stability, but when love turned to hurt, all the attempts of reconciliation failed. The women expressed an overwhelming sense of regret over their emotional, physical and financial investments in the relationship. For example, Sallam said, *"I will not manipulate myself, I didn't cry over him, we are divorced, but I cried over myself, how I knew someone like this? Are there people like this?"* Sallam expressed the sense of regret, and disbelief of how her ex-husband did not value her many sacrifices and her emotional feelings for him. She felt betrayed and hurt, as Khadija can relate to, *"He used me, he used my kind heart, and I loved him so much [crying]. Oh almighty God! I have never refused any request from him."*

The sense of regret experienced by the participants was not limited to their emotional feelings, but was further extended to the other areas in their lives like their physical and psychological health, education, financial situation, and social life. For instance, Noor expressed how her physical health improved dramatically after terminating

the relationship, and how she felt remorseful that she did not end it earlier, *"If I had known that my pain will subside 50% I would have done it much earlier."* Sallam and Sherine both expressed a broader range of changes that they would have made to alleviate their living situation if they had left the relationship; Sallam said, *"I would have improved my situation long time ago, I would have improved my language, and found a better job and such, every time I went to sleep, I thought about this."* Similarly, Sherine reported, *"It was a negative, influence, just because, it took up so much of my energy, I actually feel like, the whole duration of the relationship was like a setback for me in terms of my career, my education, my interpersonal relationships, like everything."* Sallam and Sherine both highlighted the lost opportunities and the regret they have felt.

In conclusion, six participants experienced an emotional and/or physical connection to their partners prior to marriage. Women entered the relationship with a hope of finding love and emotional stability, and they had sacrificed emotionally, physically, and financially to maintain the relationship. They had also experienced deterioration of this emotional attachment and feelings of disappointment when their expectations were not met. The love and violence in the relationship confused them, which led them to keep the hope for reconciliation and change. However, when they terminated the relationship, they experienced a sense of regret for the love they provided, the unmet expectations, and the lost opportunities that they could have had if they had left earlier.

Theme 4: Escape from Oppression: Immigration

In this study, seven participants were immigrants and six had fled a war zone, which had its effect on their desire of starting a new life in a safe place like Canada. In this theme, I will represent the advantages of immigration that the participants experienced, and some of the resettlement challenges that they have endured.

The Shiny Face of Canada

Freedom. In this study, most of the participants expressed some form of gratitude for the freedom that they have enjoyed in Canada. For example, Sallam said, "*In Canada, I have rights, everything is good, there are people who can help, here you can wear as you wish, no one will notice you or look at you, or harass you.*" Likewise, Khadija reported, "*In Canada, I mean I am happy, and we have all of our rights, I mean, they welcomed us and helped us, and they helped me, because I didn't know English back then, so they gave us a welfare until I learned, then I found a job, so, I am grateful to this country really, I mean, they care about women, so I am happy.*" Similarly, Noor said, *"The freedom is the main thing, nobody asks you anything about you, I mean they don't intervene with your private life, and you live as you want, this is the first thing freedom of everything, religion, speech, the way you want to dress.*" In this way, Sallam, Khadija and Noor expressed their gratitude for the different forms of freedom they are enjoying in Canada, in addition to the importance of having women rights, the availability of formal support, and financial aid.

Moreover, the participants expressed their appreciation for the positive attitude they have felt from Canadians, as Salma said, "*People here in Canada are welcoming me and they accept immigrants."* Echoing Salma's feelings, Zahra said, *"Everything is*

different here, people respect me, I have found myself here. I feel the difference between

my country and here."

In conclusion, the seven Canadian immigrant participants in this study highlighted the importance of freedom and hospitality in Canada. This is highly important considering they had fled a war zone, which alleviates their need of stability. This positively affected their help- seeking process as they were able to access different formal support channels.

Formal Support and Resources. Most participants indicated that having formal support helped them in managing the psychological distress and the detrimental effect of IPV. In addition, having a formal support was a determining factor when reporting abuse by an intimate partner.

In Table 4, I present the different forms of formal support that the participants received in Canada, as none of the participants had received any kind of formal support in their country of origin.

Table 4. Types of Canadian Formal Support

Name	Formal Support	Police	Shelter	Women's Organization	Welfare	Housing	Counselling	Court Process
Sallam	1	1	1	1	1	1	1	1
Khadija	1	1	1	1	1	1	1	1
Fatima	1	0	0	1	0	0	1	0
Sherine	1	1	1	1	0	0	1	0
Salma	1	0	1	1	1	1	1	0
Zahra	1	0	1	1	1	1	0	0
Safia	1	1	0	0	0	0	0	1
Noor	1	1	0	0	0	0	1	1

Key: 1=Yes; 0=No

Five participants received police intervention and shelter, six participants received counselling and help from women organizations, and four received welfare, housing, and help with court processing for divorce. Formal support was proven to be a valuable asset in determining the women's ability to flee the abusive relationship, as it provided physical

safety to the women. Sherine expressed how the police and women's organization helped

her:

When I was physically assaulted, I had to contact the authorities, so, once the police came, they decided to press charges and then they advised me on different shelters and mm, I also through this criminal case I was able to receive support through 'the crime-victim assistant program', and through other organizations such as WAVE.

Further, Sallam described her experience in the protection shelter in the following

words:

The place was clean, and the people were nice, I still go to visit sometimes. They used to put some bread and sometimes some fruit, and if there was some money they would give me, in Christmas they gave me clothes, I mean (Thank God), I also got the welfare, and they paid my rent $375, they gave me some, anyway, I was living and that was it. I went to school and I looked for a job.

Moreover, Khadija highlighted the important role that the women's organization

played in her life, **"*The government helped me, and this organization, if it were not for*

them, I may have ended up homeless."

In conclusion, based on the findings of this study, women did not seek formal help

in their country of origin. Different socio-cultural reasons were identified such as: service

provider's attitude, lack of information and resources, and the lack of support from

friends and family. To the contrary, women felt capable of seeking formal support in

Canada, due to the availability of resources, and the positive attitude of services

providers.

Moreover, the seven Canadian immigrant participants expressed that lack of

informal support, lack of language skills, and underemployment were reasons that

hindered their resettlement process as it will be represented in the next section.

Uncertainty of the New Life

While the pursuit of a new home and safer place holds potential, uncertainty and fear surrounded the process of acculturation for the participants. A number of factors were highlighted including unfamiliarity with the new space, limited language skills, underemployment, multiple job demands, long working hours, and lack of informal support. For instance, lack of fluency in English was an important factor in establishing social connections, employment, education and in the help seeking process, as Khadija expressed, *"I didn't know English back then, so they gave us a welfare until I learned, then I found a job."* Similarly, Sallam said, *"I don't know the language and I don't know many people."*

Moreover, women expressed that unfamiliarity with navigating various systems in Canada had resulted in feelings of social isolation which had a negative effect on their psychological and social health. It is difficult for women to deal with or to escape an abusive relationship if their sense of loneliness is overwhelming, which may result in them seeing the abusive partner as the only person they can turn to for comfort.

In addition, lack of informal support and social network created a deep sense of loneliness or alienation. As Sallam stated, *"My family were close, here I have no one, everyone is looking out for themselves, everyone is busy."* Sallam expressed her feeling of social isolation and how the larger society can encourage individualism, which affected most of the participants in one way or another. Feelings of social isolation and loss of social connection were found to have a dramatic negative effect on the women's emotional and mental health, and delayed the help-seeking process. Women in this study reported fear of loneliness as a reason for tolerating the abuse and for staying in the relationship.

In conclusion, lack of informal support resulted in feelings of social isolation which may had affected the women's help-seeking process. In addition, all the Canadian immigrant participants had experienced financial instability after immigration, which had a great effect in escalating the abuse, and in hindering the help-seeking process as can be seen in the next section

Under-employment and Low Socioeconomic Status. All of the Canadian immigrant participants experienced difficulty gaining employment that matched their educational, professional, and previous employment skills, training, and experience. Only the Canadian-born participant had a job that matched her degree, was financially stable and had an equal access to the joint bank account. For example, Sallam worked as a manager in a financial institution in her country of origin, but she had difficulties gaining employment in Canada, and she had to accept a minimum pay job that affected her physically, as she reported*:*

I started from scratch, and there were a lot of difficulties, I looked around for job for a long time, I mean, they always ask for experience, do you think washing dishes needs experience? Cleaning does not require experience, anyway, I worked in the kitchen for someone who tortured me, I can't sleep because of the pain in my hand. Washing dishes, cleaning, I did everything for $10 an hour/ blessing, what else would I have done?

Further, some women expressed how their immigration to Canada was delayed due their husbands' fear of underemployment, as Noor shared, *"He said, 'no, I'm not going.' I said, 'why you are an educated man, I can start working there until you figure out what you want to do.' He said, 'no, I'm not going to work in a remote place in Canada."* Fear of underemployment was strongly observed in the men's reaction as they had experienced a crisis of masculinity. Traditional men are the main providers for the family, and changes to their culturally assigned role may indicate changes in the family dynamic after immigration which they perceived as a threat to their manhood.

In summary, de-skilling and under-employment were found to be great stressors for the Canadian immigrant participants who had to accept jobs that did not match their education and had affected them physically, psychologically, and financially. Further, it played an important part in increasing the abuse, due to the financial instability which added more life stressors to the relationship and lead to increasing tension between the couple. Nevertheless, the Canadian-born participant had a job that matched her education, but she was also subjected to IPV. Further examination of the intersectionality of different variables is required to better understand the reasons for IPV.

In the next theme, a representation will be made to see the effect of all the previously mentioned factors on the relationship, what forms of abuse the women were exposed to, and what contributed to the decision of terminating the relationship.

Theme 5: The Turning Points

A turning point can be defined as "a specific incident or process that was seen as pivotal to how the relationship was viewed, how the human viewed herself, or a major influence in her decision to leave the relationship" (Campbell et al., 1998, p.751). All the participants had experienced turning points at some time in their relationships as they all left their partners; three women separated, four divorced, and one had terminated a common-law relationship. In Table 5, I present the reasons that the participants provided for leaving and/or staying in the relationship.

Table 5. Participants' Reasons for Leaving and/or Staying

Name	Reasons for staying in the relationship					Reasons for leaving the relationship		
Sallam	Love	Financial Limitation	Family Pressure	Social pressure	Lack of Information	Physical Abuse	Infidelity	
Khadija	Love	Financial Limitation	Family Pressure	Social pressure	Fear of Loneliness	Physical Abuse	Infidelity	Financial abuse
Fatima	Children		Family Pressure	Social pressure	Fear of his Reaction	Separated/ Physical and emotional abuse		
Sherine	Love					Physical Abuse	Infidelity	Excessive Alcohol
Salma	Love		Family Pressure	Social pressure	Fear of his Reaction	Separated/ Excessive Alcohol Consumption		
Zahra	Love	Children	Family Pressure	Social pressure	Fear of his Reaction	Separated/ Infidelity		
Safia	Children	Financial Limitation	Family Pressure	Social pressure		Physical Abuse	Children	
Noor	Love		Children		Fear of his Reaction	Physical Abuse	Children	Infidelity

The turning points that led the women to leave were rarely, if ever, isolated episodes. Even with the cases of physical abuse, all the participants had endured an excessive amount of violence and abuse in the relationship to reach the turning point permanently. Five participants had terminated the relationship for reasons like continuous physical abuse, extreme physical abuse, infidelity, their children's wellbeing and excessive alcohol consumption. Different reasons were provided for staying in the abusive relationship including familial and social pressure which affected the women's decision the most. For example, Fatima expressed that she could not ask for divorce in her home country, but that she and her husband had reached what she called "*Respectful divorce*", in which they kept the appearances of a family without enduring the responsibilities of one, *"When we wanted to come to Canada, supposed to be, I will stay here, with my children without my husband and I thought maybe it is kind of respectful divorce for me, because it was very hard for me to get divorce in my country."* Zahra expressed similar concerns about divorce, and reported that her husband's infidelity was

the turning point for her, but she cannot ask for divorce due to the previously mentioned reasons, "*I told him that I went to Canada and that if you want to come and see your children you can, he said 'I don't want them, those are your children, and I am with someone else no' I mean we are now separated, not divorced.*" Zahra and her husband seemed to reach a mutual turning point, as she took her children and came to Canada, and he started a new relationship with no desire of contacting her or his children, but still to keep the appearances, they did not get divorced.

A connection has to be made between the turning points and the types of abuse the participants were subjected too, as can be seen in the next section.

Forms of Abuse

During the interviews, participants described various forms of abuse including physical, verbal, emotional, and financial abuse, in addition to suspicion and infidelity, control and social isolation. In Table 6, I present the types of abuse each woman experienced.

Table 6. Participants' Experience of Abuse

Name	Physical& Emotional	Verbal	Financial	Control	Suspicion	Social	Husband Infidelity	Sexual
Sallam	1	1	1	1	1	1	1	1
Khadija	1	1	1	0	0	0	1	0
Fatima	1	1	1	1	0	0	0	0
Sherine	1	1	0	0	0	1	1	0
Salma	1	1	1	1	0	1	0	1
Zahra	1	1	1	1	1	1	1	0
Safia	1	1	1	1	1	1	0	0
Noor	1	1	1	1	0	1	1	1

Key: 1=Yes; 0=No

All the participants experienced physical, emotional, and verbal abuse, which was the turning point of five participants, with the intervention of the authorities. For example, Safia's turning point occurred when she reported an abusive incident, "*He actually tried*

to break my finger, so I screamed and the neighbors called the police, he was actually trying to kill me, he almost did, he was choking me and I had to have stitches on my head." All the participants endured emotional and verbal abuse as well, but none of them had terminated the relationship based on the emotional and verbal abuse. As Khadija stated, *"He said, 'because you are silly, you are silly and stupid'."* Noor similarly reported, *"He called me names all the time, he degraded me, he belittled me, crippled, old, dirty."* In addition, five participants perceived infidelity as a turning point in the relationship, especially after confronting the other party; as Noor reported:

One day I told him that 'I know about your affair' and it was a mistake because before I confronted him he was a little bit better, but after I confronted him he made my world a living hell, his abuse and name calling became much worse, and the fighting got worse and the not giving me any money got worse.

All of the Canadian immigrant participants had reported some form of financial abuse with variation in its intensity, unlike the Canadian-born participant who was not subjected to financial abuse. Nevertheless, only one participant had mentioned it as a reason for ending the relationship. Khadija had to endure an intense financial abuse, as she lived on welfare, and her husband used to take her money, and she had no access to the joint bank account. In addition, he abused her physically in order to take her money, as she expressed, *"He said, 'no I will not give you any money', and he hit me on my face, almost broke my nose."* In another case, Safia expressed how her husband relied on her financially after she held employment:

He was not supportive, because he wouldn't give me any money, I had no choice but to work to support me and my son, and no, he was not supportive at all, and since he found out I'm working, he quit, he doesn't wanna work, he has his own company, so he didn't take it seriously. So he just come and sit in the balcony and I have to come home from work and serve him.

Financial abuse appeared to have more significance in the post-migration context, as both partners were disempowered financially as a result of underemployment, and men perceived the women's financial contribution as a threat to their masculinity, which stimulated their desire to control their female partners.

Furthermore, three participants had experienced some form of sexual manipulation, or sexual neglect, however, it was not a turning point for the participants. Sexual abuse was rarely and very hesitantly mentioned, a reason for that is the fact that for many participants who came from traditional societies, sex and sexuality are not considered appropriate topics with outsiders. Sallam's husband used sexual extortion in trade of money. Further, Salma's husband neglected her sexually, which affected her emotionally, "*We did not have any sexual relationship for the last couple of years, I think he does not see me as attractive as before.*" Although sexual neglect was rarely mentioned, it had its effect on the participant's sense of self and self-esteem.

Control and social isolation were experienced by six participants, although was not a turning point, but rather a series of actions that added to the severity of the situation. Safia reported how her ex-husband socially isolated her, "*I was not allowed to attend the community because he didn't want me to meet anyone. He wouldn't want me to meet new friends, he wouldn't want me to do anything.*" Zahra also said, "*He monitored my every move, no makeup, no perfume, and no account on Facebook, and he monitored my phone calls.*" Likewise, Fatima also experienced control from her husband in different aspects in her life, "*Everything that is related to me and other subjects except my husband, it was a reason for conflict, for example, my relationship with my work, with my family, with my friends, with my ideas, with my hobbies, everything, ya, he didn't like it at all.*" While Safia had terminated the relationship, both Zahra and Fatima had to endure the control

and social isolation. They are separated but not divorced, which indicates the differences in the women's reactions to different forms of abuse. In addition, three participants reported suspicion as a form of abuse. Safia stated:

Before he comes, I want to take a shower, wash everything, wear something nice, you know, for him, to change his mind about me, to make him forget the day he had, but the thing he would do, he would come home, and search the whole house, he would think I have a guy inside because I dressed nice, I was doing it for him, but he won't think that, he would think I have someone at home and that happened every single day.

Suspicion was perceived as a form of emotional control and abuse in which the husband questioned his wife's every action. In this study, suspicion was related to the cultural value of male honour, especially in the post-migration context where a man may feel that that a woman experiencing the Western culture and freedom may result in losing of moral characteristics.

Moreover, four participants had reported fear of their partner's reaction as a reason to stay in the relationship. Indeed, living in a constant state of fear and intimidation has created an internalized control in which the women were caged by their fear. Three out of the four women who reported fear of his reaction were separated and are still afraid to ask for divorce. This is due to sense of danger regarding what their partners might do if they terminated the relationship. Noor gave details about her feelings during the relationship, "*I was afraid I don't know of what, but I was afraid because when you are in an abusive relationship, you can't think straight.*" All the participants live in Canada where they can use formal resources to restrain their partners' access to them and to eliminate their fear. Nevertheless, they were internally paralyzed by fear and did not terminate the relationship completely.

In conclusion, the women experienced different forms of abuse, and their reactions varied based on their understanding of abuse and the type of abuse they were

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subjected to. While most women were hesitant to acknowledge the sexual abuse due to the sensitivity of the topic, it appears that less stigma is attached to financial abuse, which may lead women to acknowledge it more openly. When speaking about various forms of abuse, the participants also said that they did not leave their husbands for emotional or verbal abuse, and only for extreme forms of physical abuse and infidelity.

Further, the participants expressed their views about the definition of abuse which is directly related to what they perceived as abuse, as can be seen in the next section.

Definition of Abuse

Eight participants described violence from their perspective, and some identified verbal and emotional abuse as the most common types of abuse. For example, Sallam connected physical and verbal abuse with disrespect and lack of morals, "*Violence is not only by hitting, from my point of view. Violence is immoral, first thing is treatment, if there is no respect, of course, hitting is first, and then, treating a woman like a piece of furniture, this is violence and belittling to women. Hitting, cursing and belittling. Lots of things.*"

Further, verbal abuse was perceived to be more harmful and destructive than physical violence, Fatima stated, "*Violence is something that gives me a bad feeling about myself or what I am doing, aaa, I think in a bad way some people critique you in a harmful way and maybe you should talk about that, but when they do it in a bad way with bad words, I think it is violence.*" Similarly, Zahra said, "*Violence relies in the bad words, humiliation, forcing things, also beating, but bad words are worse than beating.*"

Most women entered the marriage after a loving relationship, and were accustomed to hearing loving words, therefore it is expected that verbal abuse would damage the relationship more than any other type of abuse. Nevertheless, it is important

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to note that while verbal violence is more common than physical violence, it is also harder to prove and hence harder to report.

Furthermore, participants also focused on control in different forms as the worst type of abuse; as Salma reported, "*Violence is an act of controlling others and undermining them physically and emotionally and underestimating them by your speech and acting to be powerful in the relationship*," Likewise, Noor stated, "*Violence is calling names, spitting, hitting, degrading, not giving money, keeping you hungry, not giving you education this is violence.*"

These understandings of abuse influence their ability and desire to report the abuse. The next section will address some of the challenges that women had to endure when trying to report IPV.

Right to Report IPV

Having the legal right to report violence does not automatically guarantee a victim's ability of reporting IPV. In Table 7, the participants' practices of reporting the violence is provided, then a discussion will be made of the reasons that affected the help seeking process.

Table 7. Participants' Help Seeking Process

Name	Reported IPV	Suspected IPV but didn't Report it	Thought about Leaving	Left and Came Back	Left Husband Or Partner	Occurrence of the IPV
Sallam	1	1	1	1	Divorce	Canada
Khadija	1	0	1	0	Divorce	Canada
Fatima	0	0	1	1	Separation	Country of origin
Sherine	1	1	1	1	Break Up	Canada
Salma	0	1	1	1	Separation	Country of origin
Zahra	0	1	1	1	Separation	Country of origin
Safia	1	1	1	1	Divorce	Canada
Noor	1	0	1	1	Divorce	Canada

Key: 1=Yes; 0=No

Formal report of IPV to the authorities was done by five participants in Canada. They had suspected IPV but they did not report immediately. All the women had thought about leaving the relationship at one point in time, seven participants had left and come back, and all had left the relationship in different ways, five had terminated the relationship completely, and three are separated from their partners.

Interestingly, Canadian immigrant participants reported the abuse in Canada but their reporting was limited in their country of origin. They indicated that family's reputation, lack of women rights, the service providers' attitude and the negative social perception of women hindered their ability to report IPV. For example, Sallam said, *"They will say bring witnesses, I mean, if a woman is beaten very badly, where and how can she bring a witness? The women there have no rights."* Similarly, Safia stated that even when she tried to report her ex-husband's violent act to the police in her country of origin, the police officer was opposed to her desire to report the violence:

I remember, I called once, when I was living with my ex-husband back home, well, I didn't call actually, the neighbors called, when we were fighting, and the police came and asked what's going on and I said, 'Well, he is hitting me.' So he said, 'Try to keep your problems inside your home.' And they left, and no, you know what, you can't count on the police, no, no way.

Further, Fatima reported that lack of information about whether or not she can report IPV affected her ability to report the abuse, *"The women don't know what their rights are. They don't know what law is. Low knowledge and low information about the law."* which highlights the importance of awareness and education when it comes to fighting violence against women.

Moreover, Zahra highlighted the negative impact of the social perception of women who report IPV, *"Yes, legally you can, but actually you can't do it. The society and the family won't let you."* The overwhelming social considerations and the family's

reputation may prove to make such a step impossible. The women's ability to report IPV was greatly limited due to the negative social perception of women who report IPV, as Noor stated:

Everybody will talk about you, everybody would say, 'oo, you go to the police!' and this is going to be very disrespectful to his family, and mine, 'Why you make such a fuss, let's just put it behind you, let's be quiet about it, no one should know about it.' And they look at you in a different way like you are the one who went to the police and reported your husband. 'Why did you do it, you should not have done that, I know what he did is wrong, but you should not have reported him, for the sake of your life, relationship, and marriage and children. Don't do it.' That's how they think. If it was in Iran what happened to me, and I went to the police and said my husband had hit me, they would say, 'Okay so what?' Even if I went to a judge he would say, 'Just go home and continue your life. This is nothing to file a divorce for.' You know, that's how they operate.

In summary, the help-seeking process of Canadian immigrant women was hindered and delayed due to the previously mentioned reasons. Nevertheless, even in Canada, they waited years before reporting the abuse, comparing with the Canadian-born participant who reported the abuse after ten months. Even though most of the reasons do not apply in the Canadian context, they were still hesitant to report. This internalized oppression was strongly imprinted on the Canadian immigrant participants who were accustomed to live by their social and cultural beliefs even after immigration.

Pregnancy and Motherhood

In this study, pregnancy and motherhood had a double effect on the participants' lives; the participants indicated that their children were the priority and center of attention. Their safety and comfort often became the determining factors in their decision making process. The pressure on women to remain married, especially mothers, also came from their own family members, usually living in the country of origin. Motherhood was found to have a binary effect on the participants, as three participants had listed their children as reason for staying in the relationship, and two had argued the opposite. For

example, Noor delayed reporting her husband to the authorities and tolerated the abuse

for 26 years, until her daughter had graduated from university, as she felt that is her duty

as a mother to provide her daughter with a stable loving environment, as can be seen in

the following quote:

The police said, 'try it at least for 1 day,' and I said, I can't do that, because I had talked to my daughter and my daughter said, 'don't do it, if you do that, I won't be able to take it emotionally, and I won't be able to continue my studies.' And she is a very fragile girl, so I said ok, why I'm here? Why I'm in Canada? To give her the best life possible and if she is not able to graduate because of me, I have to kill myself, what I'm going to do?

To the contrary, Safia reported that her son was the main reason for her to leave

the abusive relationship, as she did not want him to have a violent father as a role model;

she stated, "*The most important decision that I made was because of my son, because I*

did not want him to see him doing that, I did not want him to record in his mind this

pictures and it was for my son and then for me." She had also reported,

My son was only 6 and when you are 6 years old, you don't know anything about marriage, divorce or whatever. One day my son came to me and he was so little, 6 years and he said 'mom, please, I want you to leave dad'. And I looked at him and said :why?, he said 'because he is hurting you every day and I don't wanna see you cry anymore and he is mean, he said bad things about you'.

Safia was urged by her six years old son to leave her abusive husband. This could

indicate a higher level of acculturation as her son is a second-generation immigrant which

implies lower level of internalized social and cultural values of the country of origin.

However, Safia did not leave her husband permanently at that time, and her process of

leaving and returning to the relationship continued for 13 years.

Further, two participants had to endure some form of abuse during pregnancy.

First, Sallam reported a miscarriage due to the stress, as follows, "*I was pregnant at the*

time, I lost my child, I had a miscarriage, the heart beat just stopped, because of all the

troubles and stress they said, I was 5 months pregnant at the time." The loss of a child

was a traumatic experience in Sallam's life, as she was emotional and cried when she

mentioned the miscarriage. Similarly, Zahra expressed her fear when her husband abused

her physically during pregnancy, *"I was pregnant, and he pushed me really hard, I was*

bleeding. But thank God I didn't lose the baby."

In conclusion, motherhood was an important turning point for the women in this

study; five were mothers, and one participant had a miscarriage. The wellbeing of a child

was one of the most determining factors for the women when it came to leaving or

staying in the relationship. Next, the role of excessive alcohol consumption will be

introduced.

Excessive alcohol consumption

Two Participants reported that their partner's alcohol consumption promoted

aggressiveness and excessive physical violence. While under the influence, the partners

of Sherine and Salma intentionally inflicted, or attempted to inflict harm. They further

described how their partners were also threatening, hostile, controlling and damaging in a

non-physical way after drinking excessively. As Sherine reported, *"There was alcohol*

abuse, we were heavily surrounded by the drinking, I mean there were times in the

relationship, like when he was not drinking and that was after the first incident of

physical abuse." Sherine believed that her partner's violence is directly connected to his

drinking habits, as he would abuse her physically while under the influence, and treat her

fairly when he was not drinking. Likewise, Salma reported, *"He started telling me, don't*

go to school, don't go to your family house, and don't talk to this person, and he started

drinking a lot, and if he is drunk, he won't let me go to work." Salma also described her

husband's behavioral changes to forms of hostile controlling behavior, and how this had

negatively affected different aspects of her life emotionally, physically, socially and

financially. Interestingly, Salma's father also had a drinking problem, and she reported that his hostility augment while under the influence, "*I mean, they had a very good relationship, they are still married, they love each other, although my father's family interfered in their relationship as well, and there is physical abuse, he started drinking, and when he drinks, he is violent and he hits her.*" Salma had previously reported that her husband's family interference and the excessive alcohol consumption were the main reasons for the violence in her relationship with her husband. Similarly, her mother had endured the same circumstances, and likewise, Salma believed that her father loved her mother regardless of the abuse, as much as she believes that her husband loved her even when he was physically and emotionally abusive with her.

Theme 6: The Toll of IPV

In this study, IPV contributed to significant risks for the participants' mental, physical and social health. The women reported how living in an abusive relationships had negatively affected different domains of their lives. This theme answers the research question: What are the mental and physical health consequences associated with IPV among Canadian Muslim women?

Consequences on Physical Health

All the participants had experienced some form of physical abuse with a variation of its occurrence and severity. In Table 8, IPV consequences on the participants' physical health is provided.

Table 8. IPV Consequences on Physical Health

Name	Forms of Physical Abuse	Consequences on Physical Health	
Sallam	Kicking, Slapping, Breaking Personal Belongings, Hitting on the Head with Large Items	Physical Bruises	Head Injury Miscarriage
Khadija	Throwing Stuff, Hitting on the Head and Face, Attempt to Break her Nose	Physical Bruises	Head Injury
Fatima	Hitting	None	
Sherine	Hitting, Throwing her Around	Physical Bruises	Back and Neck Problems
Salma	Hitting, Slapping, beating	Good Physical Health	
Zahra	Hitting, Slapping, Hair-Pulling, Kicking and Pushing During Pregnancy	Pregnancy Complications Physical Bruises	
Safia	Hitting, Slapping, Shocking, Attempt to Break her Finger, Punching the Walls	Physical Bruises	
Noor	Hitting, Pushing, Spitting	Physical Bruises	

Although not all of the physical abuse incidents caused an injury that had sent a woman to the hospital, the participants reported acts like slapping, kicking, hair-pulling, spitting, throwing objects, choking, and attempts to break a nose or a finger.

Short Form General Health Survey. A median score of 3.5 out of 5 was reported by the participants. Five participants reported excellent to good physical health, and three participants reported poor physical health.

The implication of different reports on the general health survey can be related to the level of tolerance toward the abuse and the fact that all the participants had terminated the relationship either permanently or temporarily which may had affected their answers.

HITS Screening. Table 9 presents the results from HITS.

Table 9. HITS Screening Results

Name	Physical hurt	Insult or belittling	Threats with harm	Scream or curse	Total	Result
Sallam	2	5	2	5	14	Positive
Khadija	4	5	3	5	17	Positive
Fatima	2	5	3	3	13	Positive
Sherine	3	3	1	3	10	Positive
Salma	4	4	3	5	16	Positive
Zahra	5	5	5	5	20	Positive
Safia	4	5	5	5	19	Positive
Noor	5	5	5	5	20	Positive

Key: Never= 1; Rarely=2; Sometimes= 3; Fairly often=4; Frequently= 5.

Findings from the HITS screening tool were used to assess the severity and frequency of physical and verbal abuse. Any score greater than 10 is considered positive indication for IPV. The Median= 16.50, Mode= 20, indicate that all the participants were subjected to IPV. The notable difference is Sherine the Canadian-born, who reported the lowest score on the HITS, which indicates differences in the experience of IPV among Canadian-born vs Canadian immigrant women.

Two participants reported being physically assaulted "rarely". This is accurate in Fatima's case, as she reported being hit twice in 22 years of marriage. To the contrary, Sallam reported "rare" physical abuse in the screening survey, however, during the interview, Sallam stated a continuous physical abuse in the form of kicking, throwing stuff at her and pushing, in her own words, *"when you hit me like, sorry about my words, the dog."* Sallam's understanding of physical abuse appears to be limited to severe forms of physical assaults, like when he hit her head with a frying pan.

Further, three reported being physically assaulted "fairly often" on the HITS screening tool, and two reported being physically assaulted "frequently". Only one participant reported being physically assaulted "sometimes" on the HITS scale.

In addition, five of the participants reported frequent verbal abuse in form of insult and belittling, and six reported frequent screaming and cursing. Frequent threats with harm was reported by three of the participants.

Consequences on Mental Health

Three scales were used to assess the participants' mental health. All participants reported some consequences on their mental health. This procedure was consistent across

all participants. Further, during the interviews, all the participants expressed verbally

some forms of mental health consequences of the abuse that they had endured.

PHQ-9. Is a screening tool for depression. Table 10 present the scores of PHQ-9

Table 10. PHQ-9 Results

Symptoms	Sallam	Khadija	Fatima	Sherine	Salma	Zahra	Safia	Noor
Little Interest in Doing Things	3	0	1	0	2	2	3	3
Feeling Depressed	3	0	1	1	3	3	2	3
Sleeping Problems	3	0	0	2	3	3	2	3
Feeling Tired	3	0	0	2	2	3	3	3
Eating Problems	1	0	0	1	3	3	3	3
Feeling Bad about Yourself	3	0	0	1	3	3	2	3
Concentrating Problems	1	0	1	1	3	2	2	3
Moving too Slowly or too Quickly	0	0	0	0	3	0	0	3
Suicidal Thoughts	0	0	0	1	0	0	3	3
Total Score	17	0	3	9	22	19	20	27
Result	Moderate Severe Dep	Minimal Dep	Minimal Dep	Mild Dep	Severe Dep	Moderate Severe Dep	Severe Dep	Severe Dep

Key: Not at all= 0; Several days= 1; More than half the days= 2; Nearly every day= 3.

The Median=19 reported among the participants indicate a moderately severe

depression on this sample of women. Minimal depression varies between 0-4, mild

depression 5-9, moderate depression 10-14, moderately severe depression 15-19, and 20-

27 is severe depression (Kroenke, Spitzer, & Williams, 2001).

In this study, three participants reported little interest in doing things, and feeling

tired nearly every day. Feeling depressed, feeling bad about themselves, and having

sleeping and eating problems nearly every day was reported by four participants. Trouble

concentrating on things for several days was reported by three of the participants. Moving

or speaking too slowly or too quickly was reported only by two of the participants,

nevertheless, it was reported nearly every day. Having suicidal thoughts was lower among

the participants, as five reported not at all, one reported several days, and two reported

nearly every day.

GAD-7. This is a screening tool for anxiety. Table 11 presents the results of GAD-7.

Table 11. GAD-7 Results

Symptoms	Sallam	Khadija	Fatima	Sherine	Salma	Zahra	Safia	Noor
Feeling Nervous	2	0	0	2	3	3	3	3
Not Able to Control Worrying	3	0	1	2	2	3	3	2
Worrying too Much about Different Things	2	0	1	1	3	3	2	3
Trouble Relaxing	2	0	1	3	3	0	2	3
Restless	3	0	0	3	3	0	2	0
Becoming Easily Annoyed	0	3	1	3	3	0	2	3
Feeling Afraid	0	1	1	2	3	2	2	3
Total score	12	4	5	16	20	11	16	17
Results	Severe Anxiety	Mild Anxiety	Mild Anxiety	Severe Anxiety	Severe Anxiety	Severe Anxiety	Severe Anxiety	Severe Anxiety

Key: Not at all= 0; Several days= 1; More than half the days= 2; Nearly every day= 3.

In GAD-7 screening, scores of 0-5 mild anxiety, 5-10 moderate, 10-15 severe

anxiety (Spitzer, Kronenke, Williams, Lowe, & Bernd, 2006).

The Median=16 indicates severe anxiety among the participants. In this study,

four participants were feeling nervous nearly every day. Inability to stop worrying,

trouble relaxing, being so restless, easily annoyed and worrying too much nearly every

day was reported by three of the participants. Feeling afraid more than half the days was

reported by three of the participants.

PC. PTSD. This is used to measure symptoms of PTSD. Table12 presents the results.

Table. 12 PC.PTSD Results

Symptoms	Sallam	Khadija	Fatima	Sherine	Salma	Zahra	Safia	Noor
Have Nightmares About it	1	1	1	1	1	1	1	1
Avoidance of situation that reminds you of it	1	0	1	0	1	0	1	1
Being constantly on guard	1	1	0	0	1	0	1	1
Feeling detached	1	0	1	1	1	0	1	0
Total	4	2	3	2	4	1	4	3
Results	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Positive

Key: Yes: 1; No: 0.

The Median=3 suggests that the participants had PTSD symptoms. A positive response to three items indicates symptoms of PTSD (Cameron & Gusman. 2003). In this study, five participants had positive indication of PTSD. All the participants have had nightmares about the abusive incidents. Five participants tried hard not to think about the abuse, were constantly on guard, and felt detached from their surroundings.

All the participants had experienced at least one or two symptoms of depression, anxiety, and PTSD, with differences in the severity and the variation of the symptoms.

For example, Sallam experienced symptoms of major depression and severe anxiety and PTSD while living in the abusive relationship, she expressed, "*I was emotionally drained, I was not sleeping, and I didn't know what to do, my whole life collapsed.*" Likewise, Safia said, "*I had temper and I was like with the smallest things I would get so mad, I would cry, I would get angry, I would yell, scream, you know, like, it was horrible.*" Both participants experienced different symptoms of depression and

anxiety, however, Sallam did not indicate any suicidal thoughts, unlike Safia and Noor,

who described her state during the relationship in the following words:

If you had seen me 2 years ago, you would not recognize me, I looked in a mirror and said: where are you? I could not recognize myself, and I was not like this, I was so wrecked, and I wanted to commit suicide 3 times, I had a lot of pills of all sorts and I filled my hand then I thought of my daughter and how is she going to live, who would take care of her, she is going to have nobody.

Noor reported a severe level of depression, anxiety, and PTSD symptoms, in

addition to suicidal thoughts. Nevertheless, strong sense of motherhood prevented her

from committing suicide. Noor and Safia both used medications to manage the depression

symptoms, as Safia reported, "*I was a dead person, seriously, I was like, nothing was*

important, I was always crying, I got depressed really bad, I gone under depression I was

taking pills, it was really bad and I was sleeping all the time."

Furthermore, the participants also reported improvement in their mental and

physical health after leaving the relationship. For example, Noor reported a substantial

improvement in her physical health:

Three weeks after he had left, I woke up and I was like 'where is my pain?' I don't feel that 20 anymore, there is still pain but it's nothing comparing with what I use to have, I didn't believe it, 50% of the pain was emotional and mental pain because of his abuse, and because it was so hard to deal with him. I waited for two days to make sure then I started going out, the first time I went out my legs were shaking because I hadn't gone out for 5 years, it was as if I was coming out of the prison, my legs were shaking and I didn't know how to talk to people.

Safia reported positive learning change as she was the only participant who

remarried and was able to apply what she learned in her first marriage:

When I got remarried to my husband, I actually, he wanted to help, wash, clean, but it is a habit, you know, like from the beginning I said 'you don't have to do this, or that, it's my job'. But then I thought 'hey, you just did that to the first one, and look what he did to you'. So I like, packed up and said 'ya, sure, why not, will do it together', we have to do it.

In conclusion, quantitative findings of this study highlighted the serious physical abuse, verbal abuse and significant mental health consequences the women participants experienced during the abusive relationship. Although all the participants had endured different forms of physical abuse, yet five reported good physical health at the time of the abuse. Mental health survey scores suggest that the Canadian Muslim women in this study experienced moderate to severe symptoms of depression, anxiety and PTSD as a result of living in an abusive relationship.

Chapter 5. Discussion

This chapter summarizes the major findings of the study, presents recommendations for future studies and implications for service providers. The focus of the study was to understand the Canadian Muslim women's experiences of IPV, with regard to the factors and consequences related to IPV. The discussion chapter divided the experience of IPV among Canadian immigrant and Canadian-born to understand the differences in their experiences. It has to be noted that, conclusions of this section is based on the comparison for only one Canadian-born, and thus the results cannot be generalized for the entire Canadian-born population.

Furthermore, I will address the Canadian immigrant experience of IPV in the pre-migration and post-migration context, in addition to the role of emotional attachment and the IPV outcomes, in relation to the theory and the existing literature. Then, I will discuss the implications of this research for the service-providers and policy-makers. Finally, I will present the study limitations and contributions to the literature.

Canadian Immigrant Muslim vs Canadian-Born Muslim Women

My research focused on examining the Canadian Muslim women experience of IPV. Nevertheless, there were differences in the experience of IPV between Canadian-born and Canadian immigrant women. A recent study suggests that Canadian immigrant women are more likely to be emotionally abused than Canadian-born women (Ahmad et al., 2017). Ahmad and his colleagues (2017) used concept mapping to understand South Asian's perspective of IPV. They suggested that first-generation immigrants have a higher level of tolerance toward abuse and less tendency to report (Ahmad et al., 2017). Their results support my findings, as only the Canadian-born was a second-generation immigrant. Nevertheless, my study only examined women who had already experienced

abuse. Therefore, my findings can only speak of the differences in their experience of IPV.

Length of Stay and Type of Relationship

In my study, the Canadian immigrant women were all married and stayed in the relationship between 5 to 26 years, and length of stay in Canada ranged between 5 to 27 years. Whereas, the Canadian born had a common-law relationship that lasted for ten months. Canadian immigrant women cited familial and cultural concerns for staying in the marital relationship for an average of 14 years. Whereas, the Canadian-born stated emotional attachment as a reason for staying in the relationship. This reflects less social and cultural pressure experienced by the Canadian-born. The existing literature suggest that women are less likely to leave an abusive relationship if there is a lack of social support (Barrett & Pierre, 2011). This is especially true in case of the Canadian immigrant women in this study, as they had minimum or no social support in Canada, which contribute to a delay in their help-seeking process, in comparison with the Canadian-born. Barrett & Pierre (2011) further suggested that second generation and long-term immigrants and who are more acculturated, have a similar help-seeking process like the general population.

A differentiation of the type of relationship is especially important within the context of Muslim women. In Islam, marriage is the only acceptable form of sexual activity (Hassouneh-Phillips, 2001). Thus, practices of dating and cohabitations is frowned upon in Islam and in most culturally traditional societies (Hassouneh-Phillips, 2001). Previous research suggests that second-generation immigrants are less likely to be influenced by cultural traditions than first generation immigrants (Hirschman, 2004). My findings suggest that there is a difference in level of tolerating abuse between first and

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second-generation immigrant Muslim women. Further exploration of different factors related to length of stay in an abusive relationship with regard to immigration, acculturation and education is required.

Experience of Family Pressure and Interference

My study findings suggest that family pressure and interference increase both frequency of incidents and the level of tolerance toward abuse among Canadian immigrant women. They had experienced family pressure to maintain the relationship, which affected their decision of leaving the relationship and delayed the help-seeking process. It has to be noted that Canadian immigrant women in this study experienced family pressure while living in Canada, with their families living in their country of origin. However, the family members are still able to exert the same level of pressure and enforce the same cultural values on the women, who likely have also internalized these norms.

In contrast, the Canadian-born participant did not indicate any familial pressure or interference in her relationship. Nevertheless, she was physically abused by her parents as a child, which resulted in her refusal of any family interference of her life as an adult. Family support can have a positive impact on mental health outcomes, and plays an important role in minimizing IPV effect on women (Coker, Smith, Beathea, King, & McKeown, 2000).

Furthermore, lack of family support and exposure to violence in the family of origin, limit the women's willingness to discuss the abuse with a family member which creates an additional stress (Clark, Silverman, Shahrouri, Ever-son Rose, & Groce, 2010). Additionally, women from traditional societies are less likely to get help from a family member to flee an abusive relationship (Gharaibeh & Oweis, 2009; Clark, Silverman,

Shahrouri, Ever-son Rose, & Groce, 2010; Rose & Campbell, 2000). My research findings are consistent with the existing literature as Canadian immigrant women were pressured to stay in the relationship and tolerate the abuse. The Canadian immigrant women in my study received little empathy and informal support from their own or their husband's family and whose input tended to make matters worse. Moreover, participants who expressed a negative family interference, especially from the mother-in-law or older brother-in-law were at greater risk of IPV due to the pressure on the husband to discipline the wife to please his family. While the Canadian-born participant did not indicate any interference from her family in her decisions. I hypothesize that being a second generation immigrant, adopting Western cultural values can play an important role in eliminating the level of family pressure.

Patriarchal Cultural Values

The Canadian immigrant participants expressed how patriarchal cultural values including the social perception of women and divorce, strict gender roles, and the unequal division of house work and decision making contributed to their experience of IPV. The Canadian-born participant's parents were first-generation immigrants who applied more traditional values in the household. While the cultural values did not play a role in her decision making process, although, she experienced the negative effect of strict gender roles under a patriarchal system in the household as a child. This resulted in refusal of her family's traditions and cultural values.

Previous research suggests that patriarchy can manifest itself differently in many cultures (Sokoloff & Dupont, 2005). In my study, Canadian immigrant women came from different countries such as Morocco, Iraq, Iran and Afghanistan. Nevertheless, the patriarchal practices of male dominance and female submission were similar across

different cultures. Hence, the combination of cultural and religious values with the patriarchal system can be a contributing factor for IPV. Findings from the literature suggest that we should reach some balance when researching the effect of culture on IPV, as it should not be confused with patriarchy, and that we should seek a better understanding of how patriarchy functions differently in different cultures (Sokoloff & Dupont, 2005). All the women had expressed a deep appreciation for their cultural and family-oriented values, although they took exception to the negative social perception of divorced women, the unequal division of gender roles and the practice of shame and blame placed on women.

Further, women are in a vulnerable position structurally in the household, where a man is the head of the family and the decision maker, and a woman is responsible for the housework and child nurturing. Previous researchers had examined the changes in gender roles after immigration and found that some partners were resistant to change which increased their suspicion and control of their wives (Raj & Silverman, 2002).This strict division gives the husband the right to discipline his wife verbally and/or physically (Raj & Silverman, 2002; Perilaa, 1999; Al-Krenawi & Graham, 1998). Further research is recommended to examine the differences in cultural practices between second and first generation Canadian Muslim immigrants in relation to IPV.

In my study, Canadian immigrant women expressed the role of the negative social perception of divorced women in hindering their ability to report and to flee the abusive relationship. In contrast, the Canadian-born participant did not express any exposure to negative social perception when she terminated her relationship. I hypothesize that as a second-generation immigrant she is more accustomed to Western values and thus lower level of internalized oppression and shame surrounding divorce.

My study findings coincide with previous research that highlighted the negative social and emotional effect of the social perception of divorced woman (Al-Krenawi & Graham, 1998). Similar to our findings, their research proposed that women may endure a long term abusive marital relationship to flee a similarly abusive social perception that would affect her quality of life in terms of her social (treated like an infected person, other women try to avoid her, "a piece of meat", limited chances of remarriage), psychological (continuous high stress, anxiety), and financial life (limited jobs opportunity for divorced women) (Al-Krenawi & Graham, 1998).

Despite living in Canada, Canadian immigrant women in my study referenced the social perception of divorced women in their country of origin, which shows a high level of internalized oppression. Tappan (2006) defined internalized oppression as "a concept used to describe members of marginalized or minority groups who are powerless and often victimized, both intentionally and unintentionally by members of dominant groups, and those who adopted the dominant group ideology and accept their subordinate status as deserved, natural and inevitable" (p.2116). In my research, internalized oppression and fear of being judged also affected the women's connection with their ethnic communities as none of them had a regular connection with her ethnic community. Ethnic communities are an important part of resettlement, and may provide a sense of cultural identities and comfort further research is recommended to fully understand the extent of internalized oppression, and how it operates (Mullaly, 2010). This is true, specifically with regard to the positive and negative roles of Muslim ethnic communities in relation to IPV.

Religious Values

Findings from my study suggest that patriarchal cultural values can be enforced through religious teachings especially in the country of origin. Participants expressed

some level of religious coercion in their country of origin, either from their partners or generally applied by the larger society. Nevertheless, references to religious teaching was minimal among the participants, and none of them referenced religious values in term of their decision to terminate the relationship. Women in this study had a moderate to limited religious practices which can influence their level of observance of religious values. It is important to understand the difference between Islam and Islamic culture (Hassouneh-Phillips, 2001). Indeed, religious values are reinforced by specific cultural structures that was applied in the country of origin, but not in Canada, which may have created a shift in the religious interpretation in the post-migration context. A study suggested that religion is a multi-dimensional phenomenon that cannot be interpreted positively or negatively, as some immigrants may choose to preserve their religious identity in the new society and some do not (Hirschman, 2004). Hirschman (2004) also supported the limited involvement of religion in a modern society, such as in Canada (Hirschman, 2004). This is consistent with my findings in term of the participants' limited references to religious teachings and attendance in the context of IPV.

There are numerous studies that examined the use of religious teachings to justify abuse, especially through patriarchal and culturally rooted interpretation (Lehrer, Lehrer, & Krauss, 2009; Levitt & Ware, 2006; Nedegaard, 2014; Holtmann, 2016). Nevertheless, research is limited on examining the differences of implementing Muslim religious values between the country of origin and the new country.

An important finding was related to the women's attendance to religious services or leaders. None, except for two participants attended religious services rarely, and none of the women had sought the help or advice of a religious leader. I anticipate that religious values might have been strongly enforced in their country of origin by the larger

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society, which may have created a level of mistrust in the religious institution. Different studies documented that religious leaders tend to emphasize the importance of family unity, hence their perception of women who are trying to flee an abusive relationship might be coloured by their beliefs (Nedegaard, 2014; Lehrer, Lehrer, & Krauss, 2009). Another study suggested that some religious leader may hold the abuser responsible, but they would also blame the woman. Such an attitude may hinder a lot of women from seeking help from judgmental person who is in a position of religious power (Levitt & Ware, 2006). Future studies are recommended to examine both partners' level of Islamic religious practices in relation to IPV.

Motherhood and pregnancy

Canadian immigrant women in this study had listed their children as both reasons for leaving and staying in the relationship. A growing body of literature emphasized the role of children as a determinant factor in leaving and/or staying in an abusive relationship (Anderson & Saunders, 2003; Hendy et al., 2003; Wuest & Merritt-Gray, 2016; Kwong, Bartholomew & Dutton, 1999; Pape & Arias, 2000). These studies support my findings in term of the importance of children safety in women's consideration of leaving. It has to be noted that, in one case the woman was urged by her 6 years old son to leave the abusive marriage. This implies that second-generation immigrant, like her son, are more likely to be less oppressed by the internalized social norms.

Only the Canadian-born participant did not list her adult daughter as a reason to stay or leave the relationship. It can be hypothesized that her daughter's age and that the abuser was not her father, hence, no direct effect was observed on her daughter's well-being. I anticipate that age and number of children can play an important role in the women's help-seeking process.

Further, the literature on factors such as the existence of child care and child support were limited (Anderson & Saunders, 2003). Women in my study did not mention any legal issues regarding their children custody or child support as reasons for leaving or staying in the relationship. An in-depth examination is recommended for mothers in abusive relationship with regard to the legal aspects of the situation in regard to their children.

Excessive Alcohol Consumption

Two participants had listed excessive alcohol consumption as contributing factor in escalating the abuse. The Canadian-born participant viewed it as a terminating point in the relationship, and as a reason for decreasing intimacy and escalating abuse.

In contrast, the Canadian immigrant participant viewed alcohol use as a reason for escalating abuse, but not as a final terminating point in the relationship. Interestingly, her father used to drink excessively and abused her mother physically and verbally while under the influence, which poses a bigger question on the role of repeated trauma and tolerance of abuse. This is the only participant who had the intention of returning to the relationship. The relationship between trauma and excessive alcohol consumption is documented in the literature (Foran & O'Leary, 2008; Leonard, 2005; Jewkes, 2002; Cunradi, Caetano & Schafer, 2002). These studies suggest that there is a cycle of repeated trauma and excessive drinking, and that escalation in one led to escalation in the second. Other studies also suggest a link between repeated trauma, alcoholism and PTSD symptoms (Fossos, Neighbors, Kaysen, & Hove, 2007). While only one participant reported such an occurrence, still, this finding coincides with the existing literature and need to be furtherly examined among Muslim people. This is important considering that

alcohol use is not part of the Muslim culture, is heavily frown upon socially and is

prohibited in many Muslim countries, and considered a sin in the Muslim religion.

Types and Definition of Abuse

In my study, similar types of abuse were reported among all the participants

including physical, emotional and verbal abuse. The only differentiation was that all

Canadian immigrants experienced some kind of financial abuse, whereas the Canadian-

born did not report any financial abuse. Findings from the literature suggest that the

patriarchal beliefs of male dominance place the man in a position of financial control

(Ahmad, Riaz, Barata & Stewart, 2004; Raj & Silverman, 2003). Another study suggests

that immigrants face more financial challenges in term of finding appropriate

employment, thus, it can create a financial conflict between the couple (Erez, Adelman, &

Gregory, 2009). Both explanations can be applied as the intersectionality of pre-migration

traditions and post-migration stressors can definitely add to the immigrants' life stressors

that increasing the risk of conflict and tension between the couple.

Further, in my study, all the participants provided their own definition of violence.

Only the Canadian-born participant had provided a text-book definition of abuse. The

Canadian immigrant participants all referenced their own experience to define the abuse.

Ahmad and his colleagues further suggested that women from traditional societies, who

believe in patriarchal cultural values are less likely to see the abuse as abuse (Ahmad,

Riaz, Barata & Stewart, 2004). Nevertheless, in my study three participants had

experienced the abuse in their country of origin and had terminated the relationship by

distancing themselves from the abuser by immigration. Interestingly, those who

experienced the abuse in their country of origin were the separated women who did not

ask for divorce. This shows the highly internalized cultural and familial values that never

departed them, even after immigration. While they accessed resources and sought help in Canada, they did not comment if there were legal issues related to their separation status, they had only stated the social and cultural values related to divorce. I can hypothesize that their internal observation of patriarchal values affected their recognition of abusive behavior. My hypothesis is supported by the literature, as a study suggested that increase in awareness of IPV can reduce the influence of patriarchal beliefs (Ahmad, Riaz, Barata & Stewart, 2004).

IPV in the Pre-Migration Context

Seven out of eight participants were Canadian immigrants, hence, an examination of pre and post-migration stressors is vital to understand the effect of those stressors on their experience of IPV. Different studies have linked pre-migration exposure to trauma to post-migrations' experiences of social isolation, discrimination, employment and education difficulties, and higher level of depression (Li, 2016; Chen, Hall, Ling, & Ranzaho, 2017). Pre-migration stressors were also connected to acculturation difficulties in the post-migration context (Li, 2016). In my study, Canadian immigrant participants and their partners experienced a variety of pre-migration traumatic events including: childhood trauma, living in a war zone, extreme poverty and illiteracy in the family, death of either or both parents, exposure to or witnessing abuse within the family. Other forms of trauma were reported, such as early immigration, child labor or child imprisonment.

Childhood Trauma

Exposure to a complex trauma has a deep effect on a child well-being (Heim & Nemeroff, 2001). Indeed, a child's constant exposure to high level of fear may influence his/her ability to develop appropriate social skills that would help him/her with socializing with others in adulthood (Heim & Nemeroff, 2001). A study suggested that

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exposure to trauma in the pre-migration context, has a negative effect on employment in the post-migration context (Li, 2016). Findings from my research were consistent with a considerable body of literature, which suggests that childhood trauma is strongly linked to IPV (Heise & Garcia-Moreno, 2002; McKinney et al., 2009; Clark, Silverman, Shahrouri, Everson-Rose, & Groce, 2010). Further examination of different pre-migration stressors is important to comment on why some people who have undergone a difficult childhood perpetrate IPV and others do not, and this is recommended for future studies. There are limited data on the reasons behind the gender differences in response to violence and childhood trauma, and it is recommended for future studies. My findings suggest that exposure to childhood trauma in the pre-migration context is associated with elevated level of post-migration stressors, such as acculturation difficulties, limited financial resources, which consequently increased the risk of IPV, which will be discussed later.

Violence Between the Parents

Some studies had linked boys with antisocial behavior to exposure to violence between the parents (Ehrensaft, et al., 2005). They suggested that it may influence a child social behavior in the sense that a violence becomes a socially acceptable method of interaction with others (Ehrensaft et al., 2005). This is similar to my findings, as four out of eight participants, and six of their partners were exposed to violence between the parents. This strongly suggests that children's exposure to abuse in the family has a great effect on children's emotional and social developmental and later victimization and perpetration of IPV. Nevertheless, Eherensaft and his colleagues (2005) did not explain the role of gender differences in relation to the child behavioral development. I hypothesize that, young girls adopted their mother's silent behavior, as some participants had clearly indicated that they learned to be silent as their mothers were.

Exposure to War

The existing literature supports that living in a war zone has a direct link to elevated levels of PTSD (Miller & Rasmussen, 2009). The same study also suggests that living in a war zone should be considered among other risk variables, like exposure to violence in the home, daily stressors, level of depression, and/or anxiety (Miller & Rasmussen, 2009). Miller & Rasmussen (2009) found an association between living in a violent society and perpetrating violence as an adult. While my study's focus was not directed toward examining the effect of living in a war zone, nevertheless, the findings suggest that pre-migration exposure to war can be linked to development of PTSD symptoms in the post-migration context. It has to be noted that data were not collected from the male partners, as I interpreted the data that were collected from the female partners and their reports on the male partner's exposure to war. A study is recommended on male partner exposure to war in relation to IPV.

Age of Immigration

In my study, one participant and at least two partners had immigrated as a non-accompanied minor. My findings suggest that teen immigration, especially with the existence of the pre-migration stressors, were found to be highly associated with negative outcomes. For example, the teen immigrant was the only participant who did not have a university degree among all the participants. This finding is supported in the literature, as a Canadian study examined the effect of age of immigration on employment and financial earning, and found that teen immigrants' educational and employment levels are lower by half compared with other immigrants and by two-thirds comparing with their Canadian peers (Schaafsma & Sweetmen, 2001). Another study observed age of immigration in relation to school performance and suggested that lack of language skills played an

important role in the children immigrants' school performance and therefore affected their acculturation process (Bohlmark, 2008).

Nevertheless, both studies did not address the mental and physical health consequences of unaccompanied minors' immigration. Some studies have linked teen immigration with negative impact on self-esteem self-care and self-image, social and familial relationships, family unit and independency levels (Schaafsma & Sweetmen, 2001; Bohlmark, 2008). This is similar to my findings in term of the negative mental health outcomes. Nevertheless, my findings suggest that teen immigration has a negative effect on the acculturation process. This participant was strongly opposed to Western values in term of raising her child. It can be hypothesized that her negative experience of immigration as a teen Bride, with no role model or guidance other than her older abusive husband had affected her perception of the Canadian culture. Further, the partners who were unaccompanied minors in their immigration were more financially abusive than the other partners, as reported by the participants. It has to be noted that, this results cannot be generalized as it was a report of one participant and two partners, thus, further studies on the effect of teen immigration in relation to IPV for both partners are needed.

IPV in the Post-Migration Context

Canadian-immigrants in this study had come to Canada with greater hope of better future for themselves and their children. This was especially true regarding their help-seeking process and the availability of formal resources. Nevertheless, living as an immigrant was full of stressors for the women especially within the context of IPV. Women in my study reported pre-migration stressors, similar to what was found in the literature, such as: limited language skills, social isolation, underemployment, and low socioeconomic status (Raj & Silverman, 2002; Hyman & Mason, 2006)

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Formal Resources

A successful resettlement process is largely influenced by different factors, that includes sense of freedom of mobility and expression, availability of social support and resources both formally and informally, and access to employment opportunities (Pernice, et al., 2000). In my study, all participants were accessed for help through different women's organizations, which provided culturally appropriate services that the participants highly appreciated. Availability of culturally diverse services, with service providers who can speak other languages can be of a great value for immigrant women, who may not feel comfortable seeking formal support (Dutton, Orloff, & Hass, 2000). Culturally diverse services are available in some metropolitan cities in Canada, however, lack of such services, especially in rural areas can greatly affect the woman's help-seeking process (Eastman, Bunch, Williams, & Carawan, 2007).

Further, service providers' attitude can influence the Muslim immigrant women use of formal support. A growing body of the literature suggests that immigrant women may fear interaction with the police or may feel judged by service providers who do not understand the cultural background of an abused woman which affects the service efficiency (Ayyub, 2000; Dutton, Orloff, & Hass, 2000; Kulwicki, & Miller, 1999). This is especially true in the pre-migration context as none of the participants had sought formal support in their country of origin, either for lack of such services, or for the negative attitude of service providers, as was reported by the participants. Police officers who lack proper training may perceive abuse as a private matter, which limits their willingness to help an abused woman (Barrett & Pierre, 2011). My findings suggest that Canadian immigrant women were affected by the pre-migration negative experience with service-providers, which delayed their help-seeking process in the post-migration context.

Limited Language Skills

Previous research suggests that language barriers, lack of cultural context and understanding can dramatically hinder the women's ability to seek formal help (Barrett & Pierre, 2011). Further, lack of English fluency was caused by the partner's prohibiting the woman from learning, hence, hindering her ability to leave in my study. A clear distinction can be made between the Canadian-born participant who reached different channels of formal support faster and more easily than the Canadian immigrant participants. Limited language skills were used as a way of control as some partners restricted their wives' ability to improve their language level, and thus socially isolating them.

Social Isolation

Immigrant women who experience IPV are often isolated from their friends and family (Raj & Silverman, 2002). A study on South Asian immigrant women discovered that more than half of the sample did not have family members are the immigration country (Raj & Silverman, 2002). This has great implication on the immigrant women's mental and physical health as they face the abuse alone without the emotional support or reassurance that family and friends can offer. In my study, the Canadian immigrant Muslim women frequently expressed the effect of social isolation and feelings of loneliness as reasons for tolerating IPV and staying in the abusive relationship as there were mostly away from their families and friends. The existing literature coincides with my findings as it suggests that abusive partners may use social isolation as a way to further undermine the women's ability to escape or report the abuse (Ayyub, 2000; Raj & Silverman, 2002).

Additionally, the women's partners use social isolation as a form of control to further isolate them by planting doubts in the women's ability to live in the Western society on her own, or limiting their contact with family members, or eliminating their contact with Western friends (Raj & Silverman, 2002).

Under-employment and Low Socioeconomic Status

De-skilling and under-employment were found to increase the risk and intensity of IPV in the post-migration context. This is consistent with previous research that connected under-employment with low socioeconomic status that can serve as an indicator for IPV (Raj & Silverman, 2002). However, previous studies listed lack of education as a reason for under-employment, which is different from my research. Seven out of eight of the participants had at least a Bachelor degree, one was a physician in her country of origin and was de-skilled to a care giver in Canada. Yet, these Canadian immigrant women reported that decrease of financial resources increased the risk and intensity of IPV, as the Canadian immigrant women were financially controlled or manipulated by their partners who controlled their assets and thus, creating more reasons for tension and conflict. This is consistent with previous research that connected under-employment with low socioeconomic status that can serve as an indicator for IPV (Raj & Silverman, 2002). In my research, men were more likely to engage in a violent episode in times like the end of the month when it's time to pay rent, or when their wives asked for money for different reasons. The existing literature coincides with my findings as under-employment, especially in the post-migration context, can play a significant role in creating conflicts between the couple (Raj & Silverman, 2002; Ayyub, 2000; Dutton, Orloff, & Hass, 2000).

Further, according to the Bay St. George Status of Women Council, women from low-income group who experience IPV can find it challenging to navigate formal resources, and even when they do, they can be faced with such complex requirements which can limits the benefits of such services (Public Health Agency of Canada, 2015). Implications and consequences of low socioeconomic status should be further examined in a cultural context that is applicable to the Canadian Muslim immigrant population. My study collected data from women only, it is highly recommended that we examine the men's perspective on the issue and how it may affect their behavior. We have no further data on the men's educational level, and thus we cannot comment if that had an effect on their employment status, add risks of IPV due to post-migration stressors.

Effect of Emotional Attachment

Adult attachment can be defined as "a particular working models of attachment that determine an individual's responses to real or imagined separation from important attachment figure." (Domas, Pearson, Elgin, & McKinley, 2008, P.617). The purpose of adult emotional attachment is to promote emotional and physical comfort and security, nevertheless, adult attachment was found to be a risk increasing factor of IPV (Domas, Pearson, Elgin, & McKinley, 2008). Attachment theory by Bowlby (1969) was used to understand the emotional attachment to abusers (Allison, Bartholomew, Mayseless, Dutton, 2008). Adult attachment model includes: secure attachment as comfortable with intimacy in a relationship; preoccupied with high level of dependency on others to define self-worth; dismissing as avoidant of intimacy in the relationship and self-sufficient; fearful who avoids intimacy with others, and have low self-esteem types of attachment (Allison, Bartholomew, Mayseless & Dutton, 2008).Their study suggests that risk of IPV increases when one of the partner is avoidant and the other is preoccupied (Allison,

Bartholomew, Mayseless & Dutton, 2008). This study examined couples which added to our understanding of the role of different attachment styles as indicators for IPV. The literature also shown a relationship between childhood trauma and poor attachment and behaviors of clinging (Domas, Pearson, Elgin, & McKinley, 2008). The research also suggest a relationship between the demand/withdrawal attachment styles and IPV (Domas, Pearson, Elgin, & McKinley, 2008).

In my study, women demonstrated a preoccupied attachment style, while their partners' response varied between dismissive and fearful attachment styles. Comments on the men's attachment style should be done with caution, as data were collected only from the women who described their husbands' attachment style. Nonetheless, future studies should focus on examining the couple within their religious and cultural context.

Other researcher suggested that the notion of "romantic love" can operate in a patriarchal ways to support specific gender roles of femininity vs masculinity (Power, Koch, Kralik & Jackson, 2006). They further hypothesized that women may make an emotional investment with their abuser and that may lead to tolerance or justification of abuse (Power, Koch, Kralik & Jackson, 2006). Their narrative study among 20 women found that even when women recognized alarming violent behavior in their partner, they did not leave the abusive relationship. This is consistent with my research findings, as six participants had reported a strong emotional connection with their partner prior to marriage or in the case of the Canadian-born cohabitation. They had all indicated some cues for alarming behavior, but they considered other reasons for conflict such as their partner's high level of stress due to financial pressure rather than a form of IPV. Previous study suggests that women also had a specific idea of what it means to be in a romantic relationship and wanted to live their ideal relationship and therefore tolerated the abuse as

they thought of it as isolated incidents (Power, Koch, Kralik & Jackson, 2006). There

findings shed a light on the effect of strict gender-role in the relationship and the need for

more awareness and more empowerment for women to understand IPV. These findings

are consistent with my findings, as women's pre-expectations and ideas of love and

marriage resulted in high level of tolerance toward the abuse.

<div align="center">**Consequences of IPV**</div>

Physical Health

In my study, women reported being physically abused during the relationship.

Two women reported being rarely abused on the HITS scale, but contradicting

themselves, stating various incidents of physical abuse during the interview. The

women's understanding of physical abuse was related to extreme forms of physical abuse,

as most women showed a high tolerance for minor and mild forms of physical abuse. Half

of the participants reported poor health when asked about their general health, which is

consistent with the existing literature which indicates that women who experience IPV are

more likely to report poor general health (Dutton, Orloff, & Hass, 2000). The other half

reported a good physical health which can be related to the time that passed after the

relationship ended. It has to be noted that none of the participants had reported a use of

medical services or going to the emergency room for treatment after physical abuse.

Previous research suggest that some women may be too afraid or too ashamed to go to the

hospital after being physically assaulted (Tjaden & Thoennes, 2000). This suggestion is

consistent with our findings as one participant stated that she felt she might be judged or

pressured to report the abuse to the police if she went to the hospital. The implication of

lack of use of medical services are practically important and related to medical services

providers' attitude and perception of abused Muslim immigrant women.

Mental Health

My research findings were consistent with the existing literature which indicate that women who experience IPV show a higher rate of depression, anxiety, and stress (Hassan & Malik, 2012; Campbell, 2002). Three women out of eight reported having suicidal thoughts during the time of the relationship. Two out of those three also reported self-medication or taking anti-depression medication and/or painkillers. None of the women reported use of alcohol, which may be related to the fact that alcohol is prohibited in Islam. Use of medication has a serious effect on a woman's mental and physical health. There is very limited research on the long-term effect of self-medicating in relation to IPV. There are different studies that examined self-medication in relation to trauma, and found that increase in self-medication will increase the symptoms of anxiety and depression (Campbell, 2002; Bolton, 2009).

All the participants had some form of childhood trauma and had at least one or two symptoms of PTSD on the PC-PTSD. Three participants answered yes to all the questions which shows a high level of PTSD. This result coincides with the existing literature which suggests a link between women's exposure to childhood trauma and IPV with higher chances of developing PTSD symptoms (Dutton, 2006; Coker, Smith, Bethea, King, & McKeoen, 2000). Nonetheless, I hypothesize that their partners also experienced some form of PTSD related to their childhood trauma, but no data were collected on the partners, and it is highly recommended for future studies on IPV to include both partners to make a clearer sense of their experience. It is unclear if the partners were abusive as a product of the society and childhood trauma, or because of their personality characteristics. This is important to examine to help design treatment programs for perpetrators.

Effect on Job Performance

Seven participants reported a negative effect on their work due to IPV. They reported absent from work, being late, or being stalked or monitored by their husbands while at work. Findings from the literature suggest that abused women's job performance is seriously affected in term of low performance, high level of stress, and limited financial outcomes due to multiple absences from work (Jewkes, 2002; Lloyd, 1997; Staggs & Riger, 2005; Reeves & O'Leary, 2007). My findings are similar to the existing literature, evidencing, the vicious cycle of abuse and poverty that created a high level of stress that affected Canadian immigrants' ability to perform their work. Different variables like age, marital status, number of children did not create a difference on the outcomes in this study, nevertheless, they were not deeply examined in relation to the effect of IPV on employment. Further research is recommended to understand the extent of IPV on women's productivity in the work place.

An Intersection of Factors

Many factors contributed to the women's experience of IPV pre and post-immigration and these factors cannot be isolated from one another in understanding of IPV among Muslim women in Canada. Childhood trauma and exposure to violence, internalized silence behavior their mothers modeled affected their level of tolerance toward abuse and their help-seeking process. Seeking for intimacy, they fell prey to the potion of love which resulted in their tolerance of abuse and delayed their help-seeking process.

Societal and family responses to their abuse contributed to their prolonged tolerance of the IPV. Immigration to Canada had a double effect on the women, as the availability of formal resources had positively affected the help-seeking process, but

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under-employment, lack of finances, and social isolation were contributing factors in the escalation and tolerance of the abuse. The turning points in their relationships were not an isolated incident, but rather a series of actions that led the women to make the decision of terminating the relationship. It has to be noted, that IPV is almost never caused by a single factor. The combination and intersectionality of the previously mentioned factors, whether it is the effect of family, society, culture or religion, emotional needs, and immigration, they all intersect to contribute to IPV and hinder the woman's ability to flee an abusive relationship.

<div align="center">

Research Findings and Straus General System Theory

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Straus' General System Theory (1980) is a multi-dimensional theory that viewed IPV as more than one cause and effect relationship (Straus, 1980). Findings from my study were consistent and different from Straus's theory in number of ways. First, Straus' theory highlighted the role of high level of tensions in the family as a predictor of IPV. Straus' theory also examined the role of family pressure in relation with other factors like cultural norms and violence in the society. My study findings are consistent with Straus' General System Theory in these aspects, nevertheless, my study also examined the different effects of family pressure between first and second-generation immigrants.

The effect of cultural values in my study is consistent with Straus' General System Theory. Straus (1980) suggested that violence between family members can be justified based on cultural, and religious reasons. He further emphasized the strict gender roles that favor male dominance and female submission. Findings from my study had also highlighted the differences between first and second-generation immigrants' utilization of cultural values regarding IPV. Straus' General System Theory (1980) connected religious

and cultural values in terms of creating more patriarchal gender roles that would increase the risk of IPV, which is consistent with the existing literature and my study findings.

Further, Straus' theory provided an explanation for women's leaving and staying in the relationship. Straus General System Theory (1980) suggests that lack of formal and informal support, children, limited financial resources are all strong determinants when it comes to leaving or staying in an abusive relationship. This was especially true in my study. Nevertheless, I provided a differentiation between Canadian immigrants and Canadian-born in term of the help-seeking process. Straus also empathized the role of social stigma of divorce, which was a big obstacle for all Canadian immigrant women in my study.

Straus' theory connected childhood experience of physical abuse as a form of discipline with normalizing violence as an acceptable behavior within intimate relationship. In my study, all participants and their partners were subjected to some form of childhood trauma, nevertheless, not necessarily physical abuse. Straus' theory did not fully capture the magnitude of love and violence in an intimate relationship.

My study expanded on Straus' General System Theory as it showed how the changing ecological conditions through immigration raised the women's awareness of the availability of formal resources, and added strength to the women's access to resources in regard to their experience of IPV. However, the internalization of patriarchal cultural values had also negatively affected their decision-making process. Further, my study added an intercultural component and extended Straus' General System Theory in examining the role of changing cultural contexts that contributed to the women's experience of IPV, their understanding of what constitutes abuse, and their ability to

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report and seek help which differentiated between first and second-generation immigrant Muslim women.

Implications for Service-Providers

Based on the findings, Canadian immigrant women had a different experience than the Canadian-born participant, which highlights the importance of understanding the social perception of women and divorce in different cultures. This is especially important for service-providers to understand to help a woman deal with the sense of shame and stigma that are related to those aspects. Most women had delayed exiting the relationship and endured the abuse due to this social perception, and service-providers need to be able to address and understand these concerns.

Moreover, religious leaders and ethnic communities should also work in collaboration to address Canadian immigrant women's needs in a non-judgmental manner. Religious leaders can benefit from public health education on IPV to provide women with comfortable and informal counselling that may suit their cultural and religious background. This would reduce their contributing to the woman's experience of IPV if they used their position of power in this regard.

Abused women are generally subjected to lose of self-esteem due to the abuse (Coker, Silverman, Shahrouri, Everson-Rose, & Groce, 2010). This study results showed that Canadian immigrant women were more subjected to feelings of worthlessness. Those feelings are deeply connected to certain expectations related to their social, cultural and gender roles. This is significant for a service-providers to understand in order to help and empower their clients. Giving them their voices back, and letting them tell their stories without judging them or their culture is an important means of healing from IPV.

There is a lack of understanding of IPV among the women and their social support system. Women's definition of abuse was specifically related to their own experiences, which needs to be addressed and understood from a cultural point of view to accommodate the women's needs. Hence, there is a need for educational programs for abused women and their family members in a terminology that they would understand. This can include having the information in their own languages, and having accessible materials that address their cultural aspects.

Furthermore, it is important to address the lack of culturally sensitive training among mental health professionals who deal with women who experienced IPV. Some women in this study had sought counselling, but their lack of connecting with the mental health professionals is similar to their lack of connecting with the religious leaders which implies a lack of trust for both of those services. Their obvious need of mental health services as shown on the psychological survey results from the study indicate the necessity of addressing their diverse mental health needs.

To aid practitioners' focus on addressing the current experience of abuse, findings from this study showed the need for a wider scope of IPV services that would address the childhood trauma that is unique to each woman. My study findings suggest there is a link between a history of childhood trauma and increasing risk of later victimization in adulthood, which needs to be studied further.

Finally, when helping with Canadian immigrant women who experienced IPV, it is critical to realize their strength through understanding their journey of coming forward and seeking formal help. This study showed lack of formal support in their country of origin, and thus, the women were not familiar with formal support services, and service-providers should be more sensitive and discreet when dealing with Canadian immigrant

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women as they go through the experience of seeking formal-help in addition to the experience of abuse, thus there is a real need to ease the help-seeking process for them.

Implications for Policy-Makers

Immigrants experience different levels of disadvantages when it comes to their cultural practices, employment, education and income level (Ahmad, Riaz, Barata, & Stewart, 2004). While formal resources are available in major metropolises in Canada, there is a lack of accessible services in rural areas, especially for abused Muslim women. Abused women in rural areas face multiple barriers when it comes to their help-seeking process. They experience higher level of IPV, lower availability of resources, in addition to the fear of being stigmatized by their community (Riddell, Ford-Gilboe, & Leipert, 2009).

Formal training for police officers responding to domestic dispute calls is highly needed to understand the cultural differences within the Muslim Canadian immigrant population. Police officers need to understand and take into account the sensitivity of the topic and the social stigma that is attached to it from the women's perceptive. Having formal resources did not automatically guarantee that the women would use those resources if they felt judged or misunderstood.

It is also important to note that Muslim women held strong ties to their ethnic communities as a way of belonging to eliminate their feelings of social isolation. It is highly recommended to work within the Muslim community to create bridges, provide IPV education and ensure that service provision would not further isolate the women from their communities.

There is an appreciated effort from the Muslim Family Safety project, which was founded by Mohammed Baobaid in London, Ontario, to address Muslim women's needs

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for help when faced with domestic violence or IPV (Public Health Agency of Canada, 2015). Nevertheless, the project is limited geographically to one place, and there is a need for similar initiatives at least in other major metropolitan cities in Canada.

Recommendations for Future Research

This study is unique as a mixed method exploration of the Canadian Muslim women experience of IPV in the pre and post-migration context, contributing to the limited body of literature on IPV among the Muslim population. Based on the women's reports, it became apparent that their male partners suffered from childhood trauma and exposure to violence, poverty, illiterate families, teen migrations and other deprivations. Unfortunately, I could not collect data directly from the male partners in this study, which is recommended for future studies to add to the knowledge base of IPV.

Another interesting aspect that is worthy of future research is the differences in the experience of abuse between first and second-generation immigrants. Future studies are recommended to expand of the differences in the experience of abuse in the pre and post-migration context with a larger sample.

This study's findings are mainly specific to the metropolitan setting of the participants I interviewed. Differences may exist between urban and rural areas where stigma, immigrant services and education may differ (Shannon, Logan, Cole, & Medley, 2006). Further, all women in this study were accessed through the help of women's organizations, nevertheless, I have limited information regarding how they accessed those services, and what raised their level of awareness of such services. Future research is recommended to bridge the gap between available resources and women in need of such services and how they accessed them.

Additionally, service-providers' attitude is an important aspect in the women's experience of abuse. In this study, women expressed their gratitude for the positive attitude their perceived in Canada which enhanced their help-seeking process. In contrast, they expressed how the service-providers attitude in their country of origin was hindering their reporting of abuse. Future studies should address the service-providers experience with women who are experiencing IPV, and how their attitude may or may not change depending on whether they share a similar cultural background with the woman.

Trustworthiness and Limitations

My study used a mixed methods design that complemented qualitative data with quantitative data from surveys and questionnaires which enriched my understanding of the phenomenon in providing specifications to the consequences of IPV and their severity and frequency of occurrence. Qualitative data from semi-structured interviews provided the opportunity to interact closely with the participants, make good rapport, read their body language, and give their voices a chance to be heard. By utilizing the quantitative data, I was able to obtain confirmatory data that matched the qualitative descriptions from the interviews, such as their experience of depression and anxiety that resulted from the women's experience of IPV. Nevertheless, there were also some discrepancies regarding their reported general physical health, with better health reported in the surveys than in the interviews.

Generalizability of the research findings is limited due to the small sample size. Originally, I had an ambition of reaching 15-20 participants for this research. Nevertheless, due to the sensitivity of the topic, and the focus on Canadian Muslim women, it was extremely challenging to recruit participants. I had contacted various organizations, and tried to recruit online with no success, until I made valuable

connections with organization leaders who then slightly opened the door for me to meet with the participants. Nevertheless, when considered in conjunction with other studies, my research findings were supported by the existing literature on IPV, which increased the level of validity and reliability of my findings.

I deviated from the standardized test in regard to PHQ-9 to measure depression and GAD-7 to measure anxiety. This deviation was based on the fact that the participants were not living in the abusive relationship in the time of the interview, thus they were asked to base their answers on their feelings during the relationship time. This deviation affected the validity and reliability of the instruments as they were not administered as directed. Nonetheless, the data from the interviews had supported the findings from the psychological surveys, which reflected positively on the quality of the gathered quantitative information.

Lastly, demographic information was collected only from the participants, but the men's biographic data were not collected in this study which may have created a gap in our understanding of the full picture. For instance, participants religious practices varied between moderately, rarely, or none at all, nonetheless, but there is limited data on the men's religious practices, hence, our comments on the religious values do not capture the whole picture of the role of religion in the relationship. While this research focused on the women's experience, nevertheless, the data suggest that to better understand the dynamic of IPV within an intimate relationship, both parties' backgrounds should be examined, and that would be highly recommended for future studies.

The Study Contributions

My study added to the limited literature on IPV among Canadian Muslim women in the post-migration context. Since my sample included a culturally diverse group of

women from different Muslim backgrounds, their experiences of abuse can be translated into culturally appropriate forms of services for Muslim women in general. In comparing the experience of Canadian-born participant vs Canadian immigrants, this study highlighted differences and barriers experienced by the Canadian immigrant women compared to Canadian-born women.

This study included an examination of both pre-migration stressors and post-migration stressors contributing to IPV among Muslim women not previously reported in the literature. My research adds to the understanding of how pre-and post-immigration stressors can increase the intensity of abuse and delay the women's help-seeking process.

Lastly, this study emphasized the importance of formal resources that are culturally supportive and appropriate when working with IPV. It also highlighted the social perception of divorced women that exists among the women's ethnic communities and in religious organizations that could deter women from breaking away from an abusive marriage. The study draws attention to the post-immigration ecological context of ethnic communities and religious groups in addressing IPV among Canadian Muslim women as an important public health problem and human rights issue.

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Appendix A
Information Letter to Organization

Dear Ms. /Mr.

My name is Maryam Alghamdi, I am a master student at the Faculty of Health Sciences, University of Lethbridge, Alberta, Canada. I am interested in conducting a research study on intimate partner violence among Canadian Muslim women. This exploratory mixed methods research will hopefully include 15 to 20 women to participate in the study. The data collection will include a demographic survey, a questionnaire, and an interview, and will last for a maximum of two hours. Perspective participants will not have to give their names or reveal their identity. The potential participants have to be Canadian, Muslim, between 18-60, who have experienced violence or abuse from their partners. My research has met the approval by the Human Subject Research Committee at the University of Lethbridge, and I will provide you with a copy of the ethic' approval if requested.

I understand that your organization works closely with women who had experienced intimate partner violence. Therefore, I would be most appreciative if you could put up a poster or announce my study in your newsletter or website.

The aim of this research project is to improve the quality of services provided to Muslim Canadians by learning about their experiences.

If you have any questions or concerns, please do not hesitate to contact me. Thank you in advance for your help.
Maryam Alghamdi. Phone: 403-929-3993. Email: Maryam.alghamdi@uleth.ca
Sincerely,
Maryam Alghamdi

Appendix B
Letter of Invitation

Study title

Intimate partner violence among Canadian Muslim women.

Researcher

Maryam Alghamdi, Master student at the University of Lethbridge, Alberta, Canada.

Purpose of the study

The purpose of this study is to understand the demographics, characteristics, systemic factors related to intimate partner violence, and its physical and mental health consequences among Canadian Muslim women.

My goal is to help Canadian women by better understanding their experiences, and hopefully that can translate to more culturally sensitive programs and services.

You are invited to participate in this study if you are:

- Canadian Muslim women.
- Age 18 to 60.
- Having experienced or suspected control, mistreatment or harm by your spouse or partner.
- Speak and read English or Arabic.
- Willing to give informed consent.

What to expect:

- Fill out a demographics form. (Takes approximately 10-15 minutes).
- Fill out a survey. (Takes approximately 10-15 minutes).
- Give an interview in which you will be asked detailed questions about your experience as a Canadian Muslim woman who might experience harm, mistreatment or control by an intimate partner. Also, you will be asked about your cultural beliefs and values that might influence your experience. The interview might take approximately between 60- 90 minutes.
- The whole process will take approximately 2 hours.

Advantages and disadvantages:

This study focuses on Canadian Muslim women who might experience harm, mistreatment or control by a spouse or a partner. During the interview, you may feel emotional, or uncomfortable answering some questions, or talking about some topics. In this case, please feel free to skip any questions that might bother you, and ask the researcher to provide a list of counseling resources and services in your community. You may also choose to withdraw from the study at any time.

On the other hand, your participation in this study is fully appreciated, as it will help inform culturally sensitive prevention programs and services. Further, it will increase our understanding of the experience of Canadian Muslim women, their beliefs and values.

Appreciation:

To express my greatest gratitude and appreciation of your time and participation, you will be given a $20 after a completion of the demographic form, survey and the interview.

Confidentiality:

I would like to note that this research study is confidential, and you will not be asked to identify your name. Further, all the information will be used specifically for the purpose of this study only.

Thank you in advance for participating in this research study.

If you have any question or concerns regarding this research please do not hesitate to contact me, or the supervisor of this research. The supervisor is a professor at the University of Lethbridge. Contact information:

Bonnie Lee. PhD. Faculty of Health Science. University of Lethbridge. Phone: 403-317-5047. Fax: 403-329-2668. Email: bonnie.lee@uleth.ca.

Or you can contact the researcher. Master student at the health science department at the University of Lethbridge Maryam Alghamdi. Phone: 403-929-3993.

Email: Maryam.alghamdi@uleth.ca

 Maryam Alghamdi

Appendix C
Semi-Structured Interview Questions

1. How did you feel about immigration before you came to Canada?
2. How do you feel about your immigration now?
3. Can you tell me about your relationship with your husband, or boyfriend after immigration?
4. Have you experienced any martial problems after immigration?
- Have you had any kind of support?
- If yes, from whom?
- What types of support have you received?
5. How often do you and your husband have a difference in opinion about something?
6. How do you usually go about resolving the differences?
7. Are the arguments usually resolved to your satisfaction?
8. Can you tell me about your community, the city that you lived in before coming to Canada?
9. How would you describe your community in 3 words? Ask about each description.
10. How would you describe the sense of safety in your society?
11. How would you describe your parents' relationship?
- Can you tell me more?
12. How has that relationship affected your relationship with your husband/ or boyfriend?
13. Can you tell me about your family's values?
- How did you develop a sense of what is acceptable and what is not acceptable in your family?
14. What about your husband? Do you know if he observed or experienced any harm, mistreatment or control when he was growing up?
15. What rules of behavior, communication did he learn from it?
16. How would you define violence?
17. What are your cultural and religious values?
- Are they important to you?
- In your country of origin, are men allowed to hit women?
- In your country of origin, do you have the right to legally report husband's violent act?
18. How would you describe your life as an employed / unemployed wife?
19. Can you describe how the housework is divided at home?
20. Who is usually the decision-maker in the family, about, e.g. holidays, purchases, travel, in-laws, and children's education? Religious practices?
21. What considerations entered in your decision regarding:
- Talking to someone, e.g. friend, family member, counselor?
- Staying or leaving the relationship?
22. Do you want to add anything else? Do you have a final comment? Do you feel like there is something you want to say but I did not ask you about?

Appendix D
Demographic Survey

1. What is your country of origin? _____
2. When did you come to Canada? _____
3. How old are you? _____
4. How old is your husband? _____
5. Are you married? _____
6. If you are married, for how long? _____
7. Do you have children? _____
8. If you have children, how many? _____
9. What are their ages? _____
10. What is you education level? _____
11. Do you practice faith/ religion? _____
12. How often do you:
13. Pray:
14. Fast:
15. Go to the mosque:
16. Read Quran:
17. Your occupation: _____
18. Your spouse's occupation: _____
19. Approximate household income: _____
20. Your individual income: _____
21. Your spouse's income: _____
22. Do you have equal access to your income?
    Yes   No
23. Have you ever reported intimate partner violence?
    Yes   No
24. Have you suspected some form of abuse for a while, but did not report it?
    Yes   No
25. If so, what prevented you from reporting it?
    _____
26. Have you ever thought of leaving your household?
    Yes   No
27. If so, have you ever left?
    Yes   No
28. Have you ever left, and come back?
    Yes   No
29. Have you considered separation or divorce?
    Yes   No
30. If no, why not?

Appendix E
Surveys

Short form general health survey single item
(McHorney, Ware, & Raczek, 1993)

- In general, how would you describe your health? (1 Very poor), (5 Excellent)

HITS Screening Tool for Domestic Violence
(Sherin, Sinacore, Li, Zitter, & Shakil, 1998).

How often does your partner?	Never 1	Rarely 2	Sometimes 3	Fairly Often 4	Frequently 5
1. Physically hurt you					
2. Insult or talk down to you					
3. Threaten you with harm					
4. Scream or curse at you					
Total Score					

A score greater than 10, considers positive for IPV.

Generalized Anxiety Disorder Scale (GAD-7)
(Spitzer, Kronenke, Williams, Lowe, & Bernd, 2006)

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Worrying too much about different things	0	1	2	3
Trouble relaxing	0	1	2	3
Being so restless that it's hard to sit still	0	1	2	3
Becoming easily annoyed or irritable	0	1	2	3
Feeling afraid, as if something awful might happen	0	1	2	3
Total score				

Score interpretation:
0-5: mild anxiety.
5-10: moderate anxiety.
10-15: severe anxiety.

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The Patient Health Questionnaire for Depression (PHQ-9)
(Kroenke, Spitzer, & Williams, 2001)

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At all	Several Days	More Than Half the Days	Nearly Every Day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3
Trouble falling asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
Column Totals	_____ + _____ + _____ _____			

10. If you checked off any problems, how difficult have those problems made
it for you to do your work, take care of things at home, or get along with other people?
0=Not difficult at all   1= Somewhat difficult
 2= Very difficult   3= Extremely difficult
Score interpretation:
Minimal depression: 0-4
Mild depression: 5-9
Moderate depression: 10-14
Moderately Severe depression: 15-19
Severe depression: 20-27

Primary Care PTSD Screen (PC-PTSD)
(Cameron & Gusman. 2003)

Instructions:
In your life, have you ever had any experience that was so frightening, horrible, or
upsetting that, in the past month, you:
Have had nightmares about it or thought about it when you did not want to?
YES / NO
Tried hard not to think about it or went out of your way to avoid situations that reminded
you of it?

YES / NO
Were constantly on guard, watchful, or easily startled?
YES / NO
Felt numb or detached from others, activities, or your surroundings?
YES / NO

Score interpretation:
The results consider positive for PTSD if they answered (yes) to any three items.

Appendix F
Consent Form

Participation in "Intimate Partner Violence among Canadian Muslim Women: A Mixed Method Exploratory study"

Principal researcher: Maryam Alghamdi, M.Sc. student at the University of Lethbridge, Alberta. Contact information: 403-929- 3993, Email: Maryam.alghamdi@ uleth.ca

You are invited to participate in a research study that aims to understand the background and factors related to intimate partner violence, and its physical and mental health consequences among Canadian Muslim women. My goal is to help Canadian Muslim women by better understanding their experiences, and hopefully that can translate to more culturally sensitive programs and services for them. You are informed that there are a number of data collection methods involved in this study, including a survey and a semi- structured interview.

1. I hereby agree to participate in this study, which includes 1-2 hours to complete a demographic form, survey and interview through which I will be asked specific questions with regard to my experience related to any mistreatment, harm, or control by an intimate partner.

2. I am informed that this interview will be conducted in a location of my choice and at a time of my choosing. I can ask to have the voice recorder turned off at any point in the conversation. I also have the right to ask the researcher not to use certain information that I have mentioned in the interview.

3. I acknowledge that this research is confidential, and any personal identification or information that will identify the participant will not be used on any forms, notes, final essays or thesis. All the information and the transcripts will be coded and kept in a locked filing cabinet or on a password-protected computer in an office with restricted access at the University of Lethbridge for seven years.

4. I understand that I can withdraw from the study at any time without prejudice by informing the researcher via email or through the phone that I no longer wish to continue. If I withdraw from the study, no more information will be collected from me. I also can indicate whether the materials already collected in the study from me may be used or not.

5. I understand I am not required to participate in this study. My participation in this study may remind me of some painful memories, and the researcher will provide me with some written suggestions of grounding techniques and a list of nearby counseling services. Moreover, I can decide to skip certain questions if I feel uncomfortable with those questions.

6. I understand that the my personal identification information will not be published or presented, and that data collected in this study may be published, but will not be used in any other capacity other than those agreed upon by the participant and the principal researcher.

7. I AGREE ( )/ DO NOT AGREE ( ) to the audio- recording of the interview. I acknowledge that the researcher will take notes during the interview. The outcomes of this research will provide some important insight into the Canadian permanent residents' Muslim women experience of intimate partner violence. Moreover, they may inform services providers to create more culturally sensitive programs.

To show my appreciation for your participation and your time, you will be given $20 at the end of the data collection process. This research study is being supervised by Dr. Bonnie Lee, a professor at the University of
Lethbridge. She may be contacted at 403-329- 2668 or bonnie.lee@uleth.ca.

For questions regarding your rights as a research participant, you can contact University of Lethbridge Office of Research Ethics at 403-329- 2747 or research.services@uleth.ca.

I have carefully read the above, and I understand this agreement. I freely consent and voluntarily agree to participate in this study.

Signature   of   participant   _____   Date
_____

Signature of researcher _____ Date _____

University of
Lethbridge

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SEEKING
Research Participants

You are invited to participate in a research study if you are:

- A Canadian woman of Muslim religion who has experienced mistreatment or control by your partner
- Age between 18-60 years
- Participation is voluntary and confidential.
- Participants will be asked to complete a questionnaire and an interview
- Participation is not expected to exceed 2 hours in total
- Each participant will receive $20 upon completion of the interview.

For more information about the study, please contact:
Maryam Alghamdi
Email: maryam.alghamdi@uleth.ca
Phone: 778-680-8557

This study has received ethics approval from the Human Subject Research Committee at the University of Lethbridge.

Appendix H
Ethical Approval

CERTIFICATE OF HUMAN PARTICIPANT RESEARCH
University of Lethbridge
Human Subject Research Committee

PRINCIPAL INVESTIGATOR: Maryam Alghamdi

ADDRESS: Faculty of Health Sciences
University of Lethbridge
4401 University Drive
Lethbridge, AB T1K 3M4

PROJECT TITLE: Intimate Partner Violence among Canadian Muslim
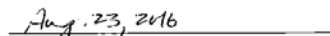Women: A Mixed Methods Exploratory Study

INTERNAL FILE: 2016-071

INFORMED CONSENT: Yes

LENGTH OF APPROVAL: August 23, 2016 – April 30, 2017

The Human Subject Research Committee, having reviewed the above-named proposal on matters relating to the ethics of human research, approves the procedures proposed and certifies that the treatment of human participants will be in accordance with the Tri-Council Policy Statement and University policy.

Human Subject Research Committee   Date