

Beyond Halal and Haram: Muslims, Sex, and Relationships

August 17, 2018



Agenda

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- Demographics of American Muslims and how to work effectively with Muslim youth
- Impact of adolescent relationship abuse on health
- “CUES” intervention
- Creating safe space for Muslim youth
- Q&A



Continuing Medical Education

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Futures Without Violence's National Health Resource Center is accredited through the **Accreditation Council for Continuing Medical Education** to provide Category 1 Continuing Medical Education credits (CMEs) to **MDs, DOs** and **medical residents** for participating in select activities designated for CMEs. Futures Without Violence takes responsibility for the content, quality and scientific integrity of activities.

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Attendees are responsible for verifying the acceptance of education credits with their respective accreditation boards.



Speaker Introductions

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- Nadiah Mohajir, HEART Women & Girls
- Anisa Ali, Futures Without Violence
- Khadijah Khan, Advocates for Youth



HHealth

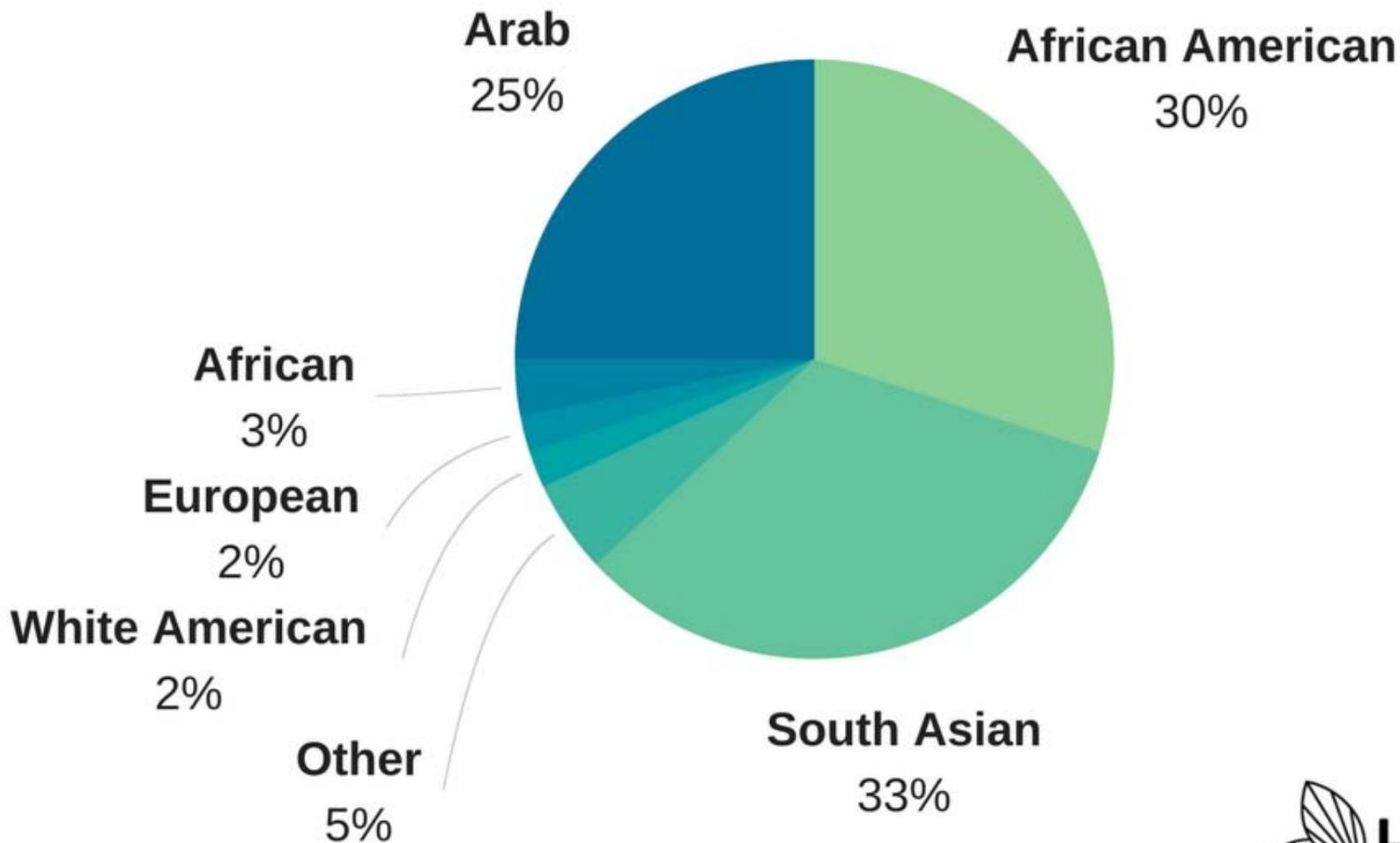
EEducation

AAdvocacy

RResearch

TTraining

WHO ARE NORTH-AMERICAN MUSLIMS?



- What are some biases about Muslims you held before that may impact your ability to serve this population?

QUESTIONS FOR SERVICE PROVIDERS



- No shame around sexual health matters at the time of the Prophet
- Verses in Quran and Hadith are very explicit around sexuality
- Sex-positive, within the framework of marriage
- Women's pleasure is emphasized (i.e. she has a right to ask for and receive sexual pleasure)

**ISLAM IS A SEX-
POSITIVE RELIGION**

CONTROLLING & EXOTIFYING MUSLIM BODIES



BARRIERS TO REPORTING



INTERNAL BARRIERS

- Patriarchy and lack of male allies
- Lack of priority towards sexual violence
- Misplaced belief that it doesn't happen within our community
- Reaction-based vs. prevention-based
- Victim-blaming

INTERNAL BARRIERS

- Cultural double standards
- Shame around sex and sexual health
- Lack of safe spaces
- Ineffective community leadership
- Lack of experts and advocates
- Misinterpretation of Islamic texts

A wooden desk with a typewriter, a book, a pinecone, and glasses. The typewriter is a light blue color with a black keyboard. The book is a dark green color. The pinecone is brown and textured. The glasses are black. The text "EXTERNAL BARRIERS" is written in large, bold, black letters across the top right of the image.

EXTERNAL BARRIERS

- Racism
- Institutional racism
- Structural racism
- Racialization of Muslims
- Gendered Islamophobia

MYTH BUSTING IN THE MUSLIM COMMUNITY

Myths about Prevention

- Hijab/Dress
- Interactions with the opposite gender
- Pre-Marital Relations

Myths that Protect the Perpetrator

- 70 Excuses
- Covering up Sins
- Forgive to be Forgiven
- Islamophobes

Myths about Religious Rulings

- Burden of Proof (4 witnesses)
- Marital Rape

- What can we do to dismantle systemic barriers to disclosure, healing, and justice?

QUESTIONS FOR SERVICE PROVIDERS



GENDERED ISLAMOPHOBIA

- Specifically examines the ways gender and Islamophobia shape the experiences of Muslim women
- Dominant Tropes
- Impact of these stereotypes on institutions

IMPACT OF GENDERED ISLAMOPHOBIA

- Hierarchies of victims
- Hierarchies of GBV
- Mainstream feminism and anti-violence movement co-opted by xenophobia and anti-Muslim agenda
- Invisibilization of Muslim survivors at a moment when Muslim communities are hypervisibilized.

LESSONS LEARNED

- No tools
- Lack of first responders
- Underreporting is even higher
- Invisibilization of Muslim communities

- How have you seen some of these tropes play out in your work, and what have you done to address them?

QUESTIONS FOR SERVICE PROVIDERS



Futures Without Violence

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For more than 30 years, FUTURES has been providing groundbreaking programs, policies, and campaigns that empower individuals and organizations working to end violence against women and children around the world.



National Health Resource Center on DV

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The Center offers:

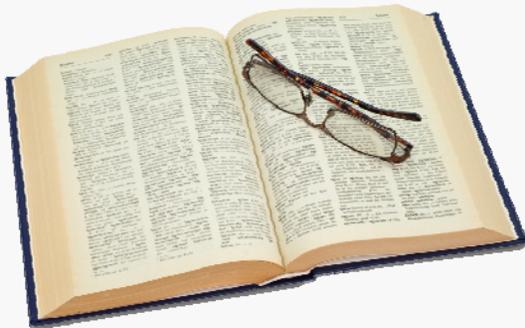
- [Technical assistance](#)
- [Fact sheets](#), model programs and strategies, bibliographies and protocols.
- [Educational and clinical tools for providers and patients.](#)
- An [E-Bulletin](#) highlighting innovative and emerging practices in addition to well-documented and rigorously evaluated interventions.
- A [webinar series](#) with expert presenters, and cutting edge topics.
- [Health Cares About Domestic Violence Day](#) toolkit
- An [online toolkit](#) for health care providers and DV advocates to prepare a clinical practice to address domestic and sexual violence, including screening instruments, sample scripts for providers, patient and provider educational resources.



Adolescent Relationship Abuse (ARA)

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A pattern of repeated acts in which a person physically, sexually, or emotionally abuses another person of the same or opposite sex in the context of a dating or similarly defined relationship, in which one or both partners is a minor.



Prevalence of ARA

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Each year in the U.S. at least **400,000 adolescents** experience serious physical and/or sexual violence in a dating relationship.

(Wolitzky-Taylor et al, 2008)



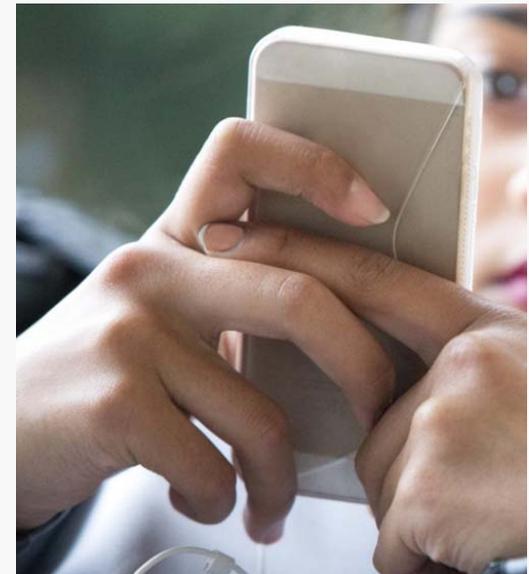
Technology as a Tool For Exerting Power and Control– and rarely happens in isolation

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One in four teens in a relationship report having been called names, harassed, or put down by their partner via cell phone/texting

Technology-based harassment is a red flag for other abuse

- **84%** of the teens who report cyber abuse said they were also psychologically abused by their partners
- **52%** say they were also physically abused
- **33%** say they were also sexually coerced



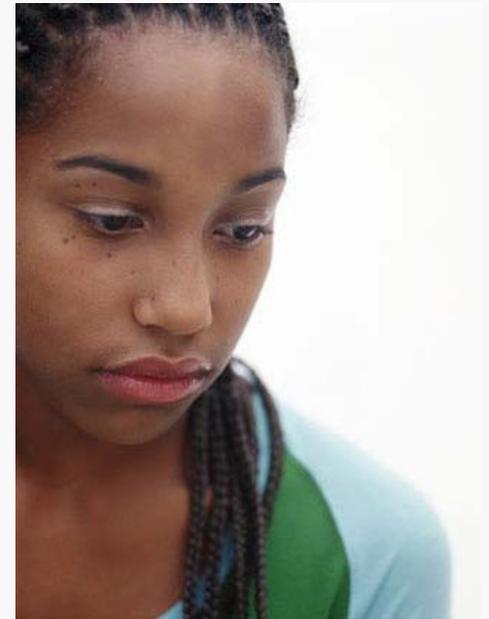
Adolescent Relationship Abuse and Behavioral Health

25

Young women who have experienced abuse have higher rates of:

- Depression and anxiety
- Disordered eating
- Suicidality
- Substance abuse

(Kim-Godwin, 2009; Howard, 2008; Brossarte, 2008; Ackard & Neumark-Sztainer, 2002)



And are more likely to initiate sex before age 15.

(Silverman, 2001)



Unintended Teen Pregnancy

26

Adolescent girls in physically abusive relationships were **3.5 times more likely** to become pregnant than non abused girls.

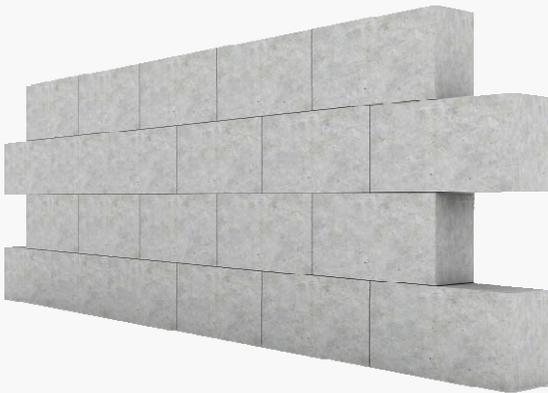
(Roberts et al, 2005)



Provider Barriers in Addressing ARA

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Clinicians identified the following barriers:



- Comfort levels with initiating conversations with patients about ARA
- Feelings of frustration with patients when they do not follow a plan of care
- Not knowing what to do about positive disclosures of abuse
- Lack of time
- Vicarious trauma or personal trauma
- Child protection service involvement (CPS) /Deportation reporting fears

(Sprague, 2012)



Healthcare Providers Make a Difference

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**Women
Who Talked to
Their Health
Care Provider
About
Experiencing
Abuse Were:**

**FOUR TIMES
more likely**

**to use an intervention
such as:**

- Advocacy
- Counseling
- Protection orders
 - Shelter
- or other services

(McCloskey, 2006)



CUES: An Evidence-based Intervention

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Confidentiality

Universal Education

Empowerment

Support



CUES: Trauma Informed Intervention

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C: Confidentiality: See patient alone, disclose limits of confidentiality

UE: Universal Education + Empowerment—How you frame it matters

Normalize activity:

"I've started giving two of these cards to all of my patients—in case it's ever an issue for you because relationships can change and also for you to have the info so you can help a friend or family member if it's an issue for them."

Make the connection—open the card and do a quick review:

"It talks about healthy and safe relationships, ones that aren't and how they can affect your health....and provides tips so you don't feel alone."

S: Support:

"On the back of the card there are 24/7 text and hotlines that have folks who really understand complicated relationships. You can also talk to me about any health issues or questions you have."



CUES: Who/When?

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Who does it? Every health center is different. May be medical assistants, behavioral health, providers (MD, NP, PA), or nurses.

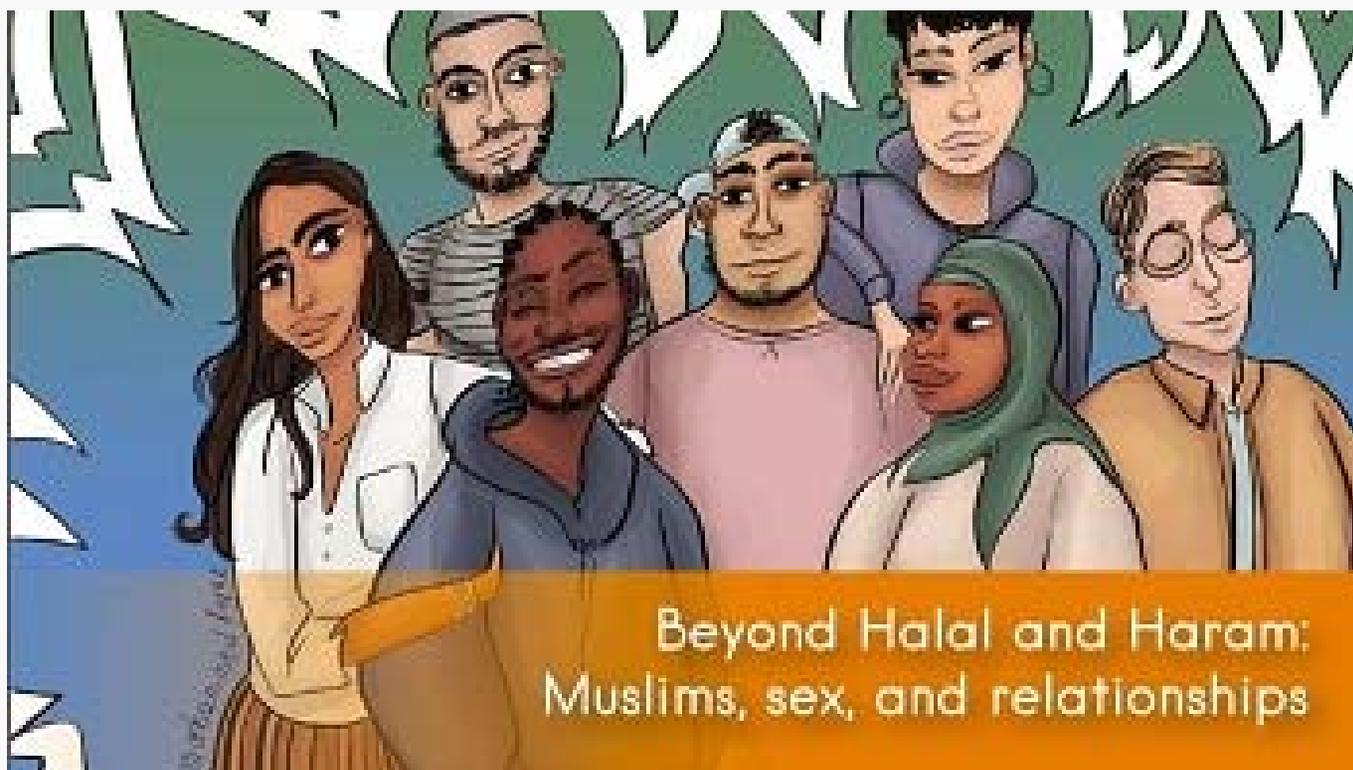
Who gets it? All adolescents

When? At least annually; with disclosures at next follow-up apt; new relationships; or onset of new health issues possibly connected to ARA



New Resource: Muslim Youth Safety Card

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Beyond Halal and Haram:
Muslims, sex, and relationships



C: “We always see patients alone”

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Before implementing CUES, establish a clinic-wide policy to see patients alone for part of every visit. Post a sign in waiting rooms and exam rooms that reads:



NEW CLINIC POLICY:

For privacy compliance, every patient will be seen alone for some part of their visit.

Thank you for your help.



C: Traditional Script for Disclosing Limits of Confidentiality

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“Before I get started, I want you to know that everything here is confidential, meaning I won’t talk to anyone else about what is happening unless you tell me that you are being hurt physically or sexually by someone, or planning to hurt yourself.”



UE: Universal Education

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Provides an opportunity for patients and clients to make the connection between violence, health problems, and risk behaviors.



**** If you currently have ARA screening as part of your health center requirements: we strongly recommend first doing universal education.***



UE: Universal Education + Empowerment

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Healthy and respectful relationships

Does the person you are seeing/thinking about seeing/married to respect:

- ✓ What you feel comfortable doing sexually (if anything at all)?
- ✓ Your views on religion or religious/cultural beliefs?
- ✓ Your space to hang out with friends and family?
- ✓ Your gender identity and sexual orientation?
- ✓ Your choices of what to wear?

If you answered YES—it sounds like they care about you.



UE: Universal Education + Empowerment

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But what about religious/cultural tradition?

Traditions and values for sexual health decision-making and relationships can be both empowering and/or confusing at the same time.

Consider these points as you think about how your sexual identity and faith/cultural identity overlap:

- ✓ American Muslims are racially and ethnically diverse, and diverse with respect to religious practice.
- ✓ Having questions about your body and sex is natural and nothing to be ashamed of. There is a long history in Islam of asking questions openly and without shame.
- ✓ Decisions about sexual health such as getting pelvic exams, abstinence, birth control, and addressing sexual violence can change over your lifetime.

S: Visit-specific Harm Reduction

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(Normalize) “I always check in with my patients...”:

Primary Care: “Is there anything or anyone preventing you from getting your medication or taking care of yourself?”

Reproductive: (*Negative pregnancy test—no desire to be pregnant*) “Is anyone preventing you from using birth control or wanting you to get pregnant when you don’t want to be?”

Behavioral Health: “Anytime someone is smoking or drinking/using I always want to know how their relationship is going because when relationships are hard it can affect use.”



S: Important Reminder

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**Disclosure
is not the goal
AND
Disclosures do
happen!**



S: Positive Disclosure: One Line Scripts

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- “I’m glad you told me about this. I’m so sorry this is happening. No one deserves this.”
- “You’re not alone.”
- “Help is available.”
- “I’m concerned for your safety.”

Your recognition and validation of the situation are invaluable



S: Resources for support

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National hotlines provide anonymous support 24/7 via phone or online chat:

LoveisRespect.org
1-866-331-9474 | text loveis to 22522

National Sexual Assault Hotline
1-800-656-4673 | www.rainn.org

National Suicide Prevention Hotline
1-800-273-8255

The Trevor Project
Queer Suicide Helpline | 866-488-7386



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FuturesWithoutViolence.org

Other useful info found at:

Muslim Alliance for Sexual and Gender Diversity
muslimalliance.org

HEART Women and Girls
heartwomenandgirls.org/ask-a-question



S: Providing a “Warm” Referral

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When you connect a patient to a local DV program it makes all the difference. *(Maybe it's not safe for them to use their own phone).*

“If you would like, I can put you on the phone right now with [name of local advocate], and they can come up with a plan to help you be safer.”

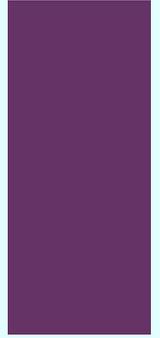




**Advocates
for Youth**

Rights. Respect. Responsibility.®

**The Muslim Youth
Leadership Council**
2017 – 2018



What are some issues facing
young, queer Muslims in
America today?

stigma

Islamophobia

silence

Relationship

violence

Mental health

transphobia

Anti-Muslim

policies

racism



Police
violence

State
Violence

Sexual assault

STDs/HIV

immigration

homophobia

Family
issues





#MuslimAnd...
Important

#MuslimAnd...
ANGRY

#MuslimAnd...
HOPEFUL

#MuslimAnd...
all these things

#MuslimAnd...
unapologetic

#MuslimAnd...
RADICALLY
HEALING

#MuslimAnd...
Powerful

#MuslimAnd...
Queerly
Southern!

#MuslimAnd...
Proud AF!

#MuslimAnd...
Here!

#MuslimAnd...
ready

#MuslimAnd...
WOKE

#MuslimAnd...
FEMINIST

The Importance of MYLC

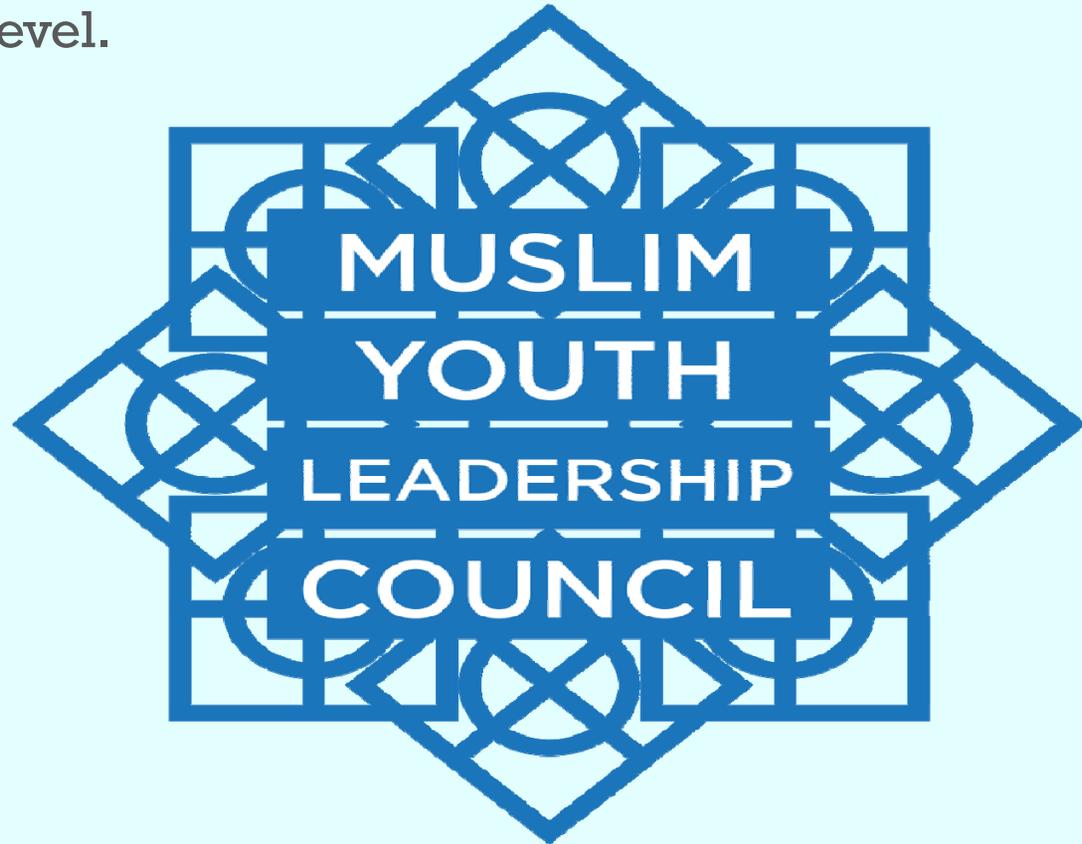


+ Orlando and the pulse tragedy



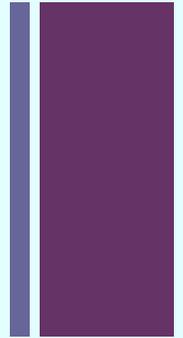
+ Muslim youth leadership council

To engage and mobilize young Muslim identifying people ages 17-24 into action on sexual and reproductive health and rights, LGBTQ rights, racial justice, and immigrant rights on a local, state and national level.



+ 4 MAIN BUCKET AREAS

- Countering Islamophobia and Anti-Muslim Hate and Bigotry
- Sexual Health and Reproductive Rights
- LGBTQ Rights and Supporting Queer Muslims
- Racial Justice and Countering Anti-Blackness in our Communities

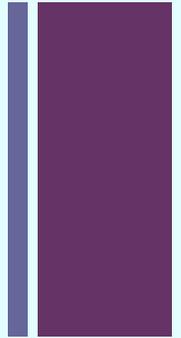


+ Mission statement

As read by MyLC at the opening ceremony at Urban Retreat...

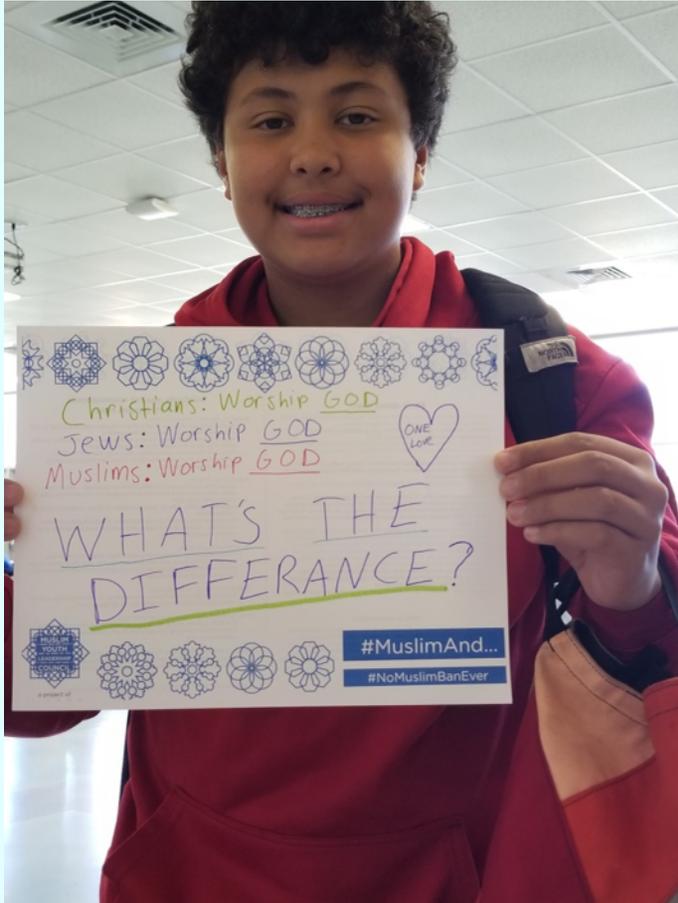
“Before we introduce ourselves, we'd like to pay homage to the Piscataway Conoy tribe who this land was violently taken from. Please pause for a moment of silence.

As the Muslim Youth Leadership Council, we seek to dismantle white supremacy, the prison industrial complex, anti-black racism, islamophobia, and anti-muslim hate. We work to promote LGBTQ health and rights, immigrant rights and the sexual and reproductive health and rights of Muslim-identifying people. We are also conscious of disability justice and indigenous rights, and will work to incorporate these and other liberatory practices into our work as a Council.”

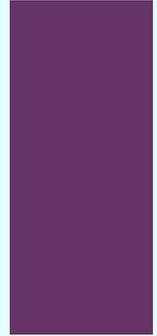
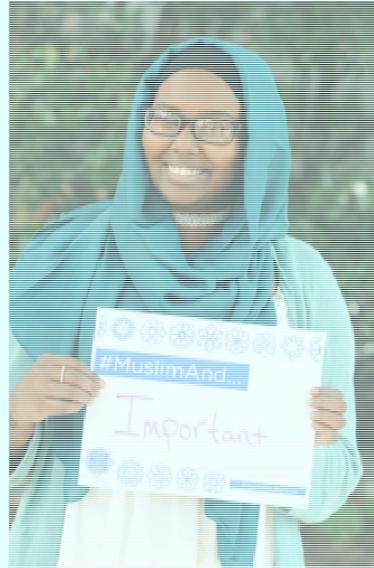




Urban retreat 2017



#MuslimAnd





most

MOST Resource @MO... 13 Nov 2017
#MuslimAnd Campaign Shows Complexities of Muslim Identity:
ow.ly/ymzC30gwH12 @schneidercp



💬 ↻ ❤️ 1 ⋮



Hana @worded_woman 31 Oct 2017
"A lot of people think Muslims are one dimensional. The idea of this campaign (#MuslimAnd) is to get across the message that you can be

[Show this thread](#)

💬 ↻ ❤️ ⋮



Cuddle Heaux @pallasri... 18 Oct 2017
shoutout to queer black and brown muslims living and thriving and changing the world every day.
#MuslimAnd

💬 ↻ 2 ❤️ 13 ⋮



Hash Slingin Slasher
@drizzy_drel

Xavierites in solidarity w/ the #MuslimAnd campaign & young Muslims across the nation as they fight anti-Muslim hatred across the country 🍷👍



👤 XULA MSA and Advocates For Youth
10/18/17, 4:24 PM



Advocates For Youth 18 Oct 2017
Our young people have been organizing actions across the country. Here are pics from Hanaa's #MuslimAnd action at her Milwaukee high school



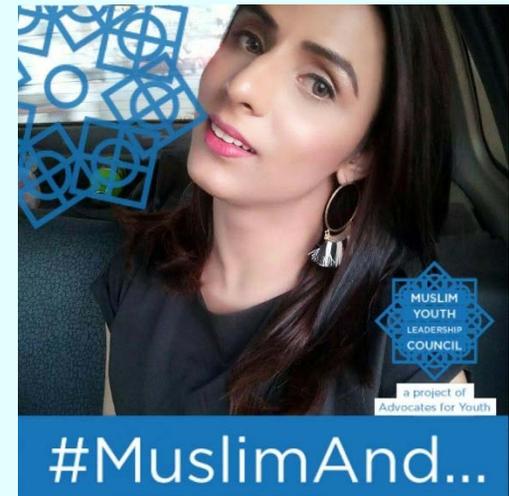
💬 ↻ 4 ❤️ 14 ⋮



Nilofar Ganjaie @Nilofar... 18 Oct 2017
#MuslimAnd PROUD.



💬 ↻ 3 ❤️ 19 ⋮



Articles on #MuslimAnd has been published in Bustle, MTV, and ColorLines





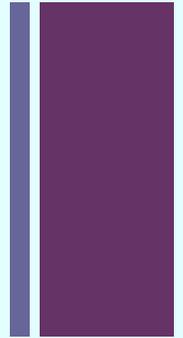
Mid-Year Retreat 2018



- Emad and Hana were leaders of their cities' Women's March
- Tay created the Islamic Healing Space of Ipsilanti & A2
- Fyzah is becoming a social worker to focus on healing trauma for queer Muslims
- Areeba created a workshop on financial literacy for Muslim women
- Several members have created zines & art pieces, utilized social media to tell their stories, held leadership positions on campus, and served as community leaders
- Amina is creating sex-ed content and curriculum for AFY materials

- What's next...

- **“I’m Muslim, and I Think I Might Not Be Straight...” resource guide!**
- Group going up to 20 people
- Mentor-mentee program





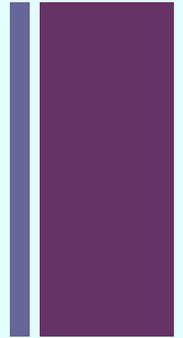
How can providers do better?

Recommendations

- Culturally competent staff and volunteers
 - Programs should familiarize staff and volunteers with the needs of Muslim youth and train them to be nonjudgmental
- Do not assume that a young person's religiosity means that they are or are not having sex
 - For example, just because a young woman wears a hijab does not mean she is not sexually active.
- Do not assume the genders of people they are having sex with
- Continue to ask questions to support young people's health and safety

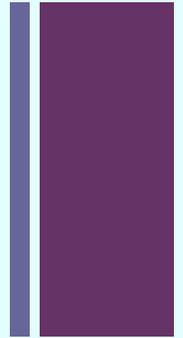
+ Recommendations, cont.

- Accurate, culturally and linguistically appropriate and reliable resources and materials—regarding the sexual and reproductive health of Muslim youth.
- Additional research that can illuminate the myriad and complex issues around reproductive and sexual health of Muslim youth is needed.
- Conduct a comprehensive needs assessment of the community to develop effective programs.
- Need for enhanced communication between parents and adolescents about sexuality
- Including parents in adolescent reproductive health programming and finding ways to engage the entire Muslim community.



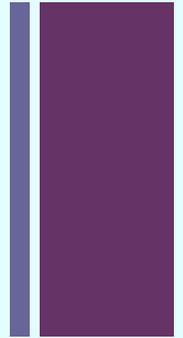


- Programming developed and led by youth
 - Programs that empower young people to train and develop support groups for other young people, allowing the programs to focus on the needs identified by Muslim youth rather than on needs perceived by adults.
 - Peer-led programming limits youth's isolation and encourages them to build leadership skills and provide other Muslim youth with support.
- Opportunities to build skills
 - Effective programs promote and encourage skills, such as developing healthy relationships, negotiating safer sex with partners, using condoms and dental dams, communicating with steady and casual partners, and saying "no" to unwanted sex.
- Programs specific to Muslim youth
 - Programs support youth as they deal with decisions and issues regarding sexuality, identity, gender identity, culture, race/ethnicity, racism and Islamophobia.



+ How to be in solidarity?

- Don't assume that someone's religiosity has a relationship to how they think about issues around LGBTQ rights, sexual health, racism, etc
- Think of the wholeness of a Muslim person and their self identities
- Don't assume that Muslims working on sexual health and reproductive rights can only do this work within a secular context
- Make sure to push back on islamophobia and anti Muslim hate on social-cultural and institutional levels
- Male allies, straight allies, non-Muslim allies – speak up!



Thank you!

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