Beyond Halal and Haram: Muslims, Sex, and Relationships

August 17, 2018
Agenda

- 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

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.

FUTURES is not accredited to directly provide Continuing Education Units to non-physician participants. However, nurses, social workers and other licensed professionals may obtain general certificates of attendance and present these certificates to their respective accreditation boards to request credit.

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

- Nadiah Mohajir, HEART Women & Girls
- Anisa Ali, Futures Without Violence
- Khadijah Khan, Advocates for Youth
WHO ARE NORTH-AMERICAN MUSLIMS?

- **Arab**: 25%
- **African American**: 30%
- **South Asian**: 33%
- **African**: 3%
- **European**: 2%
- **White American**: 2%
- **Other**: 5%
• 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)
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
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?
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

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.
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)

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

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

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

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

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

(Roberts et al, 2005)
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

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

Confidentiality
Universal Education
Empowerment
Support
CUES: Trauma Informed Intervention

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?

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

Beyond Halal and Haram: Muslims, sex, and relationships
C: “We always see patients alone”

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.
“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**

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.*
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.
**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

(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

Disclosure is not the goal AND Disclosures do happen!
S: Positive Disclosure: One Line Scripts

- “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**

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

Other useful info found at:

- Muslim Alliance for Sexual and Gender Diversity
  muslimalliance.org

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

©2018 Futures Without Violence. All rights reserved. Funded in part by the U.S. Department of Health and Human Services’ Administration on Children, Youth and Families (#90EV0414).
Providing a “Warm” Referral

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.”
The Muslim Youth Leadership Council

2017 – 2018

Advocates for Youth
What are some issues facing young, queer Muslims in America today?
stigma  racism  Islamophobia  Police violence
silence  Relationship violence  State Violence
Mental health  Sexual assault
transphobia  Family issues  STDs/HIV  immigration
Anti-Muslim policies  homophobia
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

- Christians: Worship GOD
- Jews: Worship GOD
- Muslims: Worship GOD

WHAT'S THE DIFFERENCE?

#MuslimAnd

Important

#MuslimAnd... MAGICAL

#MuslimAnd...
Articles on #MuslimAnd have 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!

Khadija Khan
khadija@advocatesforyouth.org

Nadiah Mohajir
nadiah@heartwomenandgirls.org

Anisa Ali
aali@futureswithoutviolence.org