

test test test Futures Without Violence.

>> Good morning, or good afternoon.

We're going to go ahead and get started.

This is Anisa Ali from Futures Without Violence in San Francisco.

Can everyone hear me okay?

Just type in the chat box.

Great.

And thank you all for introducing yourself in the chat.

Please continue to do so.

So our agenda for today, we're going to have a few different speakers who will introduce in just a minute.

We're going to be talking about some of the demographics of American Muslims and also how to work effectively with Muslim youth.

And then we'll be going into talking about adolescent relationship abuse and also the impact on health of adolescent relationship abuse.

And then we'll be talking a little bit about an evidence-based intervention that can be used to address and respond to adolescent relationship abuse.

Then we'll be talking about creating safe spaces for Muslim youth and leaving a little bit of time for Q and A at the end.

Before we go any further, just a couple notes on the technology.

You'll see that we have closed captioning right below the slides on the screen.

We are actually muting everyone for the webinar, just to prevent background noise.

We'll likely have a big group of participants today, so please feel free to use the chat box for any questions or comments you have throughout the webinar.

And again, we'll save time for Q and A at the end.

I would highly recommend please listening to audio through the computer rather than the phone.

If you are -- happen to be sitting at a computer.

So before we get started, I wanted to get a sense of who is on the line today.

I'm going to run a poll, if you could just take a minute to fill this out, we'd love to know who is on the phone with us today.

I'll give you a minute to fill that out.

It looks like we have a lot of advocates on the phone.

I'm sorry, could you please mute yourself?

We're just muting everyone to prevent background noises.

Thank you.

Thanks for joining us.

We also have a lot of providers in middle and high school, we have some youth leaders as well, we have some who are providing services in religious and cultural organizations.

So looks like we have a pretty diverse group with us today.

I'm just going to leave that up for a few more seconds, and then go ahead and move it out of the way.

And thank you also for adding in the chat box your role and when you're joining us from.

I'm going to go ahead and move that over.

Also before we get started, I wanted to note that all of our speakers today, we don't have any financial disclosures to report, and I'm mentioning this in terms of continuing medical education.

So we're actually accredited to provide continuing medical education credits for MDs and DOs and medical residents only.

We're limited to those three categories due to our accreditation.

So if you're interested in receiving these CMEs there will be a survey after the webinar, so feel free to fill that out.

If for some reason you're not able to respond -- to see that survey, feel free to email me after the webinar and I can make sure you get it.

And you'll also need to stay on for the entire duration of the webinar in order to be eligible for CMEs.

I wanted to go ahead and introduce our speakers for today.

Our first speaker is going to be Nadiah Mohajir from HEART Women & Girls.

They're based in Chicago, and she'll tell you a also bit more about their work.

Next is going to be myself, Anisa Ali, from Futures Without Violence in San Francisco, and our final speaker will be Khadijah Khan from Advocates for Youth based in D.C.

I'm going to go ahead and turn it over to Nadiah.

>> Thank you so much, Anisa for having me today.

I wanted to real quickly thank everyone for joining this webinar.

I've been really looking forward to it, and thank you to Futures Without Violence for taking the lead on this work and to Advocates for Youth for partnering on this work.

I'm really excited to share our work with you.

HEART Women & Girls is a national organization that promotes sexual health, education, and antisexual assault advocacy through our health education, advocacy research, and training.

And just wanted to provide a two-minute context of why we do what we do, and that's because we're about eight years old, for years we had been hearing Muslims in the community, we were all working in our own specific approach capacities outside of HEART, and we had been hearing Muslims in the community share their struggles with sex, and unhealthy relationships, and all too often sexual assault.

Not having access to culturally sensitive information and resources, they also spoke to us kind of expressing a fear of seeking these resources that were actually existing and available to them in the community because of the stigma and shame associated sometimes with talking about sex and sexual assault.

And then many others share the challenges of what it means to live at the intersection of gender Islamophobia and reproductive justice.

That's something we'll cover in a few slides.

The so a lot of what we did, we started documenting these stories and we realized that despite the fact that all of these people were coming from so diverse walks of life with respect to race and gender and ethnicity, and even religious practice, they all kind of shared something in common, and that was that they really didn't feel like they had a safe space to come together to learn about their bodies, to exchange health information, to be sources, resources for each other in a way that was free of judgment and in a way that took into account their lived experience, their identities, their religious and cultural values.

So our work at HEART, it considers more than just access.

It considers what are the other factors in lived experience that can actually serve as either an obstacle, an opportunity or a challenge to seeking this existing services that are available.

So back to our four programming arms, we do health education, which is in-person workshops and virtual programming that empowers participants with the information they need to make informed decisions about their bodies, we do advocacy, so often times we provide the necessary information referrals, and support that survivors need in particular to get the services they need for healing and justice.

We do research in the community, so a lot of our work is actually informed by the research that we've done with some of our University partners.

And then finally, we offer training and technical assistance to build the capacity of mainstream organizations and Muslim institutions to better serve the sexual and reproductive needs of Muslim communities.

I'm going to switch to the next slide now, which -- there it is.

So before we begin, I want to -- I'm actually seeing there are -- it's a very diverse group in the community, so I don't want to get too basic, but I wanted to kind of lay the foundation of who are American-Muslims, and while American Muslims may share a common faith, they are extremely, extremely diverse.

Both racially, ethnically, regionally, socioeconomically, and including and especially with respect to religious practice.

Muslim Americans represent the only -- you can see they are black and white and Asian and Hispanic, and African-American, and contrary to common popular belief, it's not Arabs that make up the largest ethnic group, but rather African-American and south Asian.

In America, that is.

So there's often a time, this is just to acknowledge that we had not a monolith by any means, not just racially, but with respect to cultural and religious identities as well.

So at this time I wanted to invite everyone to sort of just in the chat box just for the next few minutes, to share some biases about Muslims that you held before coming to this training that may have impacted your ability to serve Muslims.

And seeing that people are having trouble hearing me, I'm as close to my phone as possible.

Can you hear me now?

Anisa I can hear you.

It's a little less clear.

But I think just keep doing the best you can.

>> Okay, great.

Anyone wanted to -- challenges with speaking openly about sexuality, in fact, that's a lot of what we hear, there's a lot of Muslim women that share challenges with us about sexual dysfunction, and feeling like they had to spend years and yeerd struggling by themselves before feeling like they had somebody that can hear them and understand their struggles.

Because they thought it was shameful to talk about it.

Bias LGBT family members, so, yes, we will be talking a little bit about that, that often times LGBT folks in particular are in fact marginalized by their communities and families.

So as a Muslim I feel like my biases is the Muslims may not share the same ideas.

Women tend to be shy.

Not understanding the religion.

Great.

Is my volume better?

I have my phone literally to my --

>> yes, I can hear you clearly, Nadiah.

>> Great.

Women may reject any forms of western empowerment.

So, that's actually interesting, and something that we come up across our work a lot, is this need for intersectional item nymph, and -- item nymph item news im.

>> One second, Nadiah.

I'm hearing a little bit of background noise.

Please make sure your phone is muted so we can hear Nadiah more clearly.

>> I'm going to move on now.

So contrary to popular belief, if -- Islam happens to be a sex positive religion.

If you rook at the tradition, there was no shame around sexual health matters at the time of the prophet.

Women and men both were encouraged to ask anything about their bodies, their menstrual cycles, sex and sexuality, without shame, because it was encouraged to know your body and know your responsibilities to your body.

And the -- in fact, a lot of the particulars including the hawrn1 and Hadith are explicit around sexuality.

It is a framework that is sex positive within the framework of marriage, and is it a framework that also emphasizes women's pleasure.

So that she has a right to ask for and receive pleasure.

Muslim communities, as you may know, also strongly often emphasize values of modesty and privacy around sexual matters and sexual purity.

And this was mentioned in some of the comments.

So while these values are expected of both boys and girls and women and men, often times what happens is that women and girls end up bearing the brunt of these expectations.

And we see this in other communities as well, this is not just common to Muslim communities.

Moreover, some of these cultural beliefs and attitudes are about modesty, about bodies, about privacy around sex, they're often completed with shame.

It becomes shameful to speak about sex and sexual abuse even though if you look at the tradition itself it doesn't promote that.

>> I'm sorry, could you -- if any participants are unmuted, could you please make sure you mute your phones and computers so we could hear the speaker?

Thank you.

>> Historically if you -- even currently, if you look, women -- Muslim women's bodies and -- around the world have been controlled and excused on the identified.

-- whether you're talking about those who are mandated in some of the Middle East countries, to wear a certain religious dress, versus the people who are banning the Burka, through exoticizing costumes, the need to control and exoticize Muslim bodies, in particular, female bodies.

This is something that is also parallel to -- in African, American, and black communities as well, and communities of color in general, where there's -- and women in general, where there's a habit of controlling and exoticizing female bodies.

So we've learned a lot of lessons in particular when we're talking about sexual assault in particular.

And some of those lessons are the fact that there is -- that we believe -- we've noticed through our work that there's -- Muslims don't have the tools or the language, a lot of people in Muslim community, including survivors, don't have the tools or the language to identify sexual violence.

For example, many think it's related to race and -- it's often also excused as something that's just what boys or men or elders do.

Many survivors don't have an understanding of what was happening to them or a basic understanding of their bodies and sex.

And if you look at some of the languages, especially from the east, often times we notice there's not even a specific word to name rape or assault, which we also find fascinating and indicative of some of the cultural barriers to what's happening in Muslim communities to talk about.

Gender-based violence.

We also have noticed that there's a lack of first responders.

So when we're talking about first responders, we mean both the professional advocates that are trained, but also first responders as chaplains, and teachers, even just parents or neighbors.

We believe that there aren't enough first responders that can address the needs of Muslim victims in a culturally competent way.

Whether we're talking about teachers and school admins, I mean, they're missing the mark and either not -- leaving them to suffer silently, feeling like they're not believed, like they're not getting any sense of accountability, and then there's also mainstream advocates also lack the cultural competency to be able to really guide Muslim survivors in a way that is -- that is nuanced and taking into account their cultural and religious context.

Finally, the third lesson we've learned is that there are really, really high rates of underreporting.

This is consistent with the research that shows that there's a higher rate of underreporting in communities of color.

As we know, there is nearly 70% of sexual assault goes unreported in communities of color, that number is -- percentage is even higher.

Just from our field work and what -- the survivors we support, we see that about 85 to 90% of survivors, actually don't ultimately report their sexual assaults.

So what does that mean?

Too many of survivors in Muslim communities are struggling in silence, and even more so their abusers are not just getting away with it, but targeting more victims.

So what is happening here?

What are some of the barriers to reporting?

So we broke them up into internal and external barriers.

There's a lot of -- this is where sometimes the conflation of cultural identity and religious identity kind of really is at play, and patriarchy takes over and kind of reinforces some of the barriers to disclosing, and so because there's a lack of male allies and a lot of the communities are dominated by heterosexual males, often times that serves as a barrier for victims wanting to come forward and seek help.

There's also a lack of priority towards sexual violence and healthy sexuality programming in Muslim institutions.

There's a denial that this kind of situation doesn't happen in Muslim communities or if certain -- if only the victims were dressed properly or not, interacting with males it wouldn't happen.

So there's a denial about the root causes of gender-based violence.

A lot of the reactions are based -- a lot of the prevention work is really reaction-based and not proactive.

So it's more responding to an accusation that may come to the surface rather than thinking about it in an ongoing long-term fashion.

And then there's a lot of victim blaming, as it is in any community, and often times victim blaming is [indiscernible]

Again, with the internal barriers, I shared earlier that there's a lot of double standards where men and boys are absolved of certain expectations or kind of giving -- with respect to expert expectations, but women and girls are sort of expected to bear the burden of holding some of those values.

Many communities, and again, this differs culturally as well, some communities don't have shame around talking about sex and sexual health openly, and others have a lot of shame talking about sex and sexual health openly.

There's a lack of safe spaces, and I know that Khadijah is going to talk about what that means and how we can talk about building safer spaces.

Community leadership goes back to not having enough first responders trained, so community leadership is not trained to effectively deal with issues of gender-based violence.

And again, as I mentioned, a lot of times there's a lack of cultural competency.

And finally, there's often times of the Islamic -- they're taken out of context in order to justify some of the abuse, and we like to wrench or refer to that as something we like to refer to as spiritual abuse, which is taking religious text and traditions out of context to basically say this kind of violence is justified.

External barriers will look at the fact that Muslims experience a lot of racism, both interpersonally and institutionally and socially, and as I mentioned earlier with the slide about exoticizing Muslims, Muslim communities, there's a racialization much Muslims, and this tendency to sort of otherize their gender-based violence as if it's something exotic and other rather than just looking at it as a problem of gender-based violence that is across cultural.

Finally, there's the concept of gender Islamophobia, which I wanted to talk a little bit about what that means.

Before that I'm going to do a little bit more -- so with respect to gender-based violence in Muslim communities, there are a number of myths and misinformation that are rampant, and these kind of fall in a couple of categories.

There's myths about prevention, there's myths about protecting those who do harm, and myths about taking it out of context.

I mentioned this -- a little bit about this in some of the slides before, and I just wanted to kind of give you a few more examples of what that really looks like in Muslim communities.

So myths about prevention.

That is, looking at, for example, the way somebody is dressed can prevent whether or not they're assaulted.

So the only -- if only she was wearing the headscarf or hijab, she wouldn't have been assaulted.

It's about interactions with the opposite gender, if only she didn't go on that date with that man she wouldn't have been assaulted.

There's also myths about how premarital relations, if you engage in dating or sex before marriage, then you deserve to also experience assault and things like that.

So there's a lot of myth busting we're doing around these, which separates choice around these issues with gender-based violence and sexual assault, which is more about power and control, and criminal activity, really.

Then there's myths that protect the person who has done harm.

There's a lot of religious traditions that are taken out of context to sort of silence victims and force them to not come forward about their abuse.

So one of the traditions that we have is, give every Muslim deserves 70 excuses.

When your Muslim brother or sister makes a mistake, he deserves 70 excuses and therefore you should give somebody who has committed this crime 70 excuses.

Now, what's interesting is that is completely taken out of context, and 70 excuses means something like, I'm late to a meeting, right, and I'm meeting Anisa and I'm late to meet her for coffee.

That's the kind of action that warrants her forgiving me for that rather than a personal mistake rather than a criminal activity.

The other often times Muslim victims are pressured to cover up the sins of others.

And again, when we're talking about sins, we're talking about a personal sin that you may know, like if you know that somebody is lying about something, or if you know that somebody ate pork, that is something that you should protect and cover, and not expose, and not a crime against someone else.

Then they're also pressured to let go of the assault and not expose it, and to forgive so that god will ultimately forgive them.

And again, that is taken out of context and it's not something that is encouraged at all.

And in fact, god gives the person who has been harmed actually the power to actually not forgive the person who has violated them.

It's taken out of context.

And finally, don't report because you're only giving more fodder to Islamophobes to continue to throw us under the bus.

Again I mentioned myths about religious rulings.

There are a couple of religious rulings that people use to justify not speaking out about sexual violence, one of them is that marital rape doesn't even exist.

And that as long as you're married, it's a husband's right to have sex.

And again, that is something that is taken out of context.

And really it's -- if you look at what religious law says about relationships between two spouses, it is not condoning at all of that kind of relationship.

So what do you think, I wanted to just put it back out to you all for a couple of minutes.

What do you think we can do to dismantle the systemic barriers to disclosure, healing, and justice?

Both internal barriers and external barriers.

education for sure.

Using more cultural brokers within treatment, yes, absolutely.

We need a lot more cultural liaisons.

Myth busting and education within Muslim communities, destigmatize.

I believe in doing a lot of outreach decreases taboo, stigma, that's excellent to diversify your staff.

That would be really great.

Get men on board.

Absolutely.

Deal with the root causes.

Absolutely.

Work with male allies, be more aware of how you do -- educate about law and crimes.

Educating ourselves.

Perfect.

Thank you.

You all can continue, these are all fantastic ideas.

So these are my last few slides.

I wanted to talk a little bit about what this concept of gendered Islamophobia means.

That is really looking at how the ways gender and Islamophobia shape the experiences of Muslim women in particular.

And there are dominant tropes that are perpetuated from Islamophobia that gender Islamophobia, that women are oppressed, that males are violent, and that if Muslims identify -- if Muslim women identify as confidently as Muslims, then they asked for the assaults because Islam is in painterly violent.

So there's dominant Tropes that end up infiltrating the media, and even how our policies are shaped and even well intentioned policies that are seeming to protect Muslim women or communities of color, immigrant communities end up creating more harm than good.

And a lot of these times as you know, there's an impact of these stereotypes on various institutions.

It creates a hierarchy of victims, it creates a hierarchy of legitimate form of gender-based violence.

So looking at certain policies and treating other cultural and religious latent situations as not as serious.

And it's also looking at how -- I mentioned this earlier, about otherizing some of the situations of gender-based violence that happen and making them as specific to Muslim communities, such as honor killings, or, for example, female genital mutilation and making them Muslim issues, when in reality if you look at what communities actually engage in those issues, they're cross cultural.

It's not specific to a Muslim community, it's happened across the world, and also in America.

And otherizing it to make it a Muslim issue is latent Islamophobia.

What happens, ultimately it results in kind of making Muslim survivors invisible.

In a moment when these Muslim communities are simultaneously hyper visible.

So I already covered this, but these are some of the lessons that we've learned.

And then I just wanted to end and thank you all for participating and just ask you how have you seen some of these tropes I just mentioned play out in your work, and what have you done to address them, if anything?

Seems like multiple attendees -- okay.

All Muslims are not the same and you have to know the person and not judge.

Listen to them.

Yes, absolutely.

Too many people, too many of the Muslims we've worked with have said that the professionals that were working with them didn't really hear what they needed.

And instead kind of wanted to just take over and take away from them being in the driver's seat.

So absolutely I think it's really, really important to give them back the agency that they need.

And who they want to involve.

I'm currently working with who is feeling pressure to forgive her rapist.

How can I confront that belief of forgiveness while being respectful.

That's a great question.

And I'm going to put my email down, because I think -- I don't -- I want to respect the time of the webinar and I think we can absolutely continue this -- that discussion via email.

But I think that's a really -- that requires a lot of [indiscernible]

Lack of inclusion of Muslim young people, absolutely.

We don't trust our Muslim young people to lead programs.

The whole idea of invisibilization of Muslim communities is making me think this is going to make a survivor not come forward.

Exactly.

That's really why a lot of Muslims don't come forward, is because there are just too many eyes on them.

Both internally and externally.

And I'm going to at this point hand it over to Nadiah, because I know that I am right at time.

>> Thank you, so much, Nadiah.

As a reminder to everyone, we'll have time for Q and A at the end of the webinar as well, and thank you for all your interactivity during Nadiah's presentation.

So again, my name is Nadiah, and I'm from Futures Without Violence.

So we are a national nonprofit that is based in San Francisco.

We have a couple smaller offices in Boston and D.C. as well.

We've been around for over 30 years, so we have programs, policies, campaigns that really work with individuals and organizations to end violence against women and children.

So we do work with health care providers, with domestic violence advocates, with lawyers, and judges.

And so what I'm actually going to be focusing on today is our work to our health programs, and so one of the projects of our health programs is that we are home to the national health resource center on domestic violence.

So this means we provide free training and technical assistance on the intersections of health and domestic violence.

And other forms of violence as well, interpersonal violence.

So we offer a number of different resources that are both for patients, or clients, for health care providers, for domestic violence advocates, and one of them I'm actually going to be highlighting in just a little bit, and this is our new resource that has been developed specifically for Muslim use.

So really excited to share that today.

But just to highlight we have a number of different resources specific to different communities, to different health settings, different community settings, we also have an online tool kit which is really helpful for the intersection of Haiti and domestic violence and creating health center and domestic violence program partnerships so that online tool kit is IPVhealth.org, I'm going to type 90 here.

So I wanted to spend time talking about adolescent relationship abuse more generally and the health impacts of adolescent relationship abuse, and then I want to introduce our evidence-based intervention, which was initially developed for clinical settings, but can be used in a number of different settings as well.

And then I'm going to talk about how that can be tailored to better meet the needs of Muslim youth, including our new resource, which I will introduce.

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

Until terms of the prevalence of adolescent relationship abuse, there are about -- at least 400,000 slpts each year in the U.S. who experience serious physical and/or sexual violence in a dating relationship.

And one thing that is pretty common among adolescent relationship abuse in particular among adolescents is the ways in which technology can be used as a tool for exerting power and control over a person.

So about one in four teens in a relationship have reported that they've been called names, harassed, or put down by their partner via cell phone or texting.

And I also wanted to mention that this can also happen through -- with social media as well, where it's -- can sometimes be used as a tool for control and abuse.

And also just to highlight that this technology-based harassment, it doesn't often occur in isolation, it's often accompanied by other forms of abuse as well.

So about 84% of the teens who -- in the study who reported cyberabuse, technology abuse said they were also psychologically abused by their partners, so really strong correlation there.

52% said they were also physically abused.

And 33% said they were also sexually coerced.

So just to note the prevalence of this technology-based abuse and its coupling with other forms of abuse as well.

So I want to shift a little bit to talk about some of the health impacts much adolescent relationship abuse can have.

So looking to behavioral health, in the study young women who had experience abuse had higher rates of depression and anxiety, had higher rates of disordered eating, higher rates of suicidality and higher rates of substance abuse.

So again, these are -- a lot of times when we think about the health impacts of violence we think more about the immediate short-term injuries, like bruise and broken bones, and this is just highlighting some of the longer-term consequences that are linked to abuse.

And also that they were more likely to initiate sex before age 15.

So there's also links to unintended teen pregnancy with adolescent relationship abuse.

So in the study adolescent girls who were in a physically abusive relationship were 3.5 times more likely to become pregnant than nonabused girls.

So then thinking about how to address adolescent relationship abuse, and what some of those barriers might be, this is -- looking a little more specifically at clinician barriers for addressing adolescent relationship abuse, but we have found that there are similar barriers with other providers, social service providers as well.

So some of the barriers dependent on the provider's own comfort levels with initiating conversations with patients about adolescent relationship abuse.

Also some feelings of frustration with patients if they did not follow a plan of care.

A really common barrier is not knowing what to do with a positive disclosure of abuse, which we'll be talking about in a little bit more detail in a little bit.

Just having a lack of time, especially in health care settings, a common barrier we hear is that it's difficult to add something else into a clinical visit.

When there's already so much that's packed into a short period of time.

Also vicarious trauma or someone's own personal trauma they've experienced and difficulties in being able to provide services to -- or address adolescent relationship abuse with a patient or client if they've often -- if they've experienced themselves.

Also, there's a lot of fears around involving child protection services, or deportation reporting fears.

So at the same time, we also know that there are a lot of benefits for -- this study was done with adult women -- who talked to their health care provider about experiencing abuse.

So in the study women who talked to a hearing provider about experiencing abuse were actually four times more likely to use an intervention such as advocacy, counseling, protection orders, shelter, or other services.

So again, this is specific to health care providers.

But we have seen that is also beneficial for other providers as well to address adolescent relationship abuse with their clients and patients.

So just to show the -- how effective and powerful it can be.

So I wanted to introduce our evidence-based intervention.

Again, this is primarily it was developed for health care settings, but we have actually used it effectively in other settings as well, and it's easy to adapt.

So the intervention acronym is CUES.

So it stand for confidentiality, universal education, empowerment, and support.

I'm going to take the next few minutes to go through each of those steps.

And before I do that, I also wanted to mention that how this intervention differs from a traditional screening practice is that it is really not dependent on a disclosure of abuse.

Or violence, in order for the patient or client to receive resources.

So rather than just asking direct questions, and someone may or may not disclose for a variety of reasons if they're actually experiencing abuse, they will actually still be walking away with information and resources for support.

So again, I'll go through that in more detail over the next few minutes.

So CUES, as I mentioned, stand for confidentiality, this means seeing the patient alone, disclosing limits of confidentiality before initiating this conversation.

The Ue is universal education and empowerment.

So the universal education is the actual conversation of just mentioning that this is something normalizing the conversation that this is something that I talk to all my patients and clients about because it's so prevalent, so that way the person you're working with doesn't feel like it is something

about them that you feel like you need to bring this up, but this is something that's so common that it's important enough to mention to everyone.

So just a sample way to frame it is something along the lines of, I 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 info so you can help a friend or family member if it's an issue for them.

And this card I'll be talking about in a little bit.

So you can just briefly open it and quickly mention what's in there, that it talks about healthy and safe relationships, ones that aren't, how they can affect your health, and also provide so that you don't feel alone.

And lastly, the last step is the S, which stand for support.

So this is pointing out the resources that are available to someone should they need them.

And also talking about making a referral to a DvV organization as well.

So a sample way you could say this is, on the back of the card there are 24/7 text lines and hotlines that have folks who really understand complicated relationships.

You can also talk to me about any health issues or questions that you have.

So as I mentioned, CUES, as it's done in a health care setting, it can look different depending on the setting in terms of who does it, how often it happens and when it happens.

So in terms of health settings, every health center is different.

So this could be done by medical assistance, by behavioral health staff, by providers such as MDs, nurse practitioners, physician assistants or nurses.

And we recommend that all adolescents receive this intervention.

And that they receive it at least annually, at least once a year.

Or at a follow-up appointment if a disclosure was made at a previous appointment.

Or with the onset of new relationships or at the.

>> Caller: Set of new health issues, possibly connected to adolescent relationship abuse.

So I want to introduce now a null resource that was developed in collaboration with HEART Women & Girls, and also Advocates for Youth with Futures Without Violence.

So we've all worked together to create this new resource that's specific to Muslim youth.

So like our other safety cards, they are -- it's a 2½ by 3-inch card, it unfolds and it's five panels that are double-sided.

So you can actually download the PDF, it's right below the chat box where it sus Muslim youth safety card.

Feel free to download that if you'd like to look at it.

We also have hard copies available to order.

The -- it's free of charge and we just have a \$10 flat shipping fee.

And they will actual will be arriving next week, so we'll be able to send those out really shortly.

And so before I move on, I just wanted to mention that all of our safety cards have information about healthy relationships, unhealthy relationships, resources of where to go for support, how you can help a friend, and then this resource in particular from Muslim youth also has a couple of panels that are dedicated to the ways in which religious and cultural factors can really play into the decision making of a Muslim young person around sex and relationships.

So I'm going to highlight that panel in just a little bit.

So then going through the steps of CUES, the evidence-based intervention, the C stand for confidentiality.

So -- the first part of that is always just making sure that the patient in this case or client is being seen alone.

So in terms of health centers, we found that it's really helpful to make sure that there's a clinicwide policy that every patient will be seen alone for at least some part of their visit.

That way this conversation around healthy and safe relationships can be done in private rather than having a partner there or a family member there.

So this is really important to be done before actually implementing CUES.

And we found that it's helpful to have posted signs visible in waiting rooms and exam rooms.

So there's just a sample of what that might look like up on the screen.

So the other Parise of confidentiality is making sure to disclose the limits of confidentiality before you begin the conversation.

And the laws around mandatory reporting really vary from state to state.

They also vary depending on your profession.

So for health care providers, it really looks different for each state.

So I would just become familiar with the mandatory reporting laws in your own state, and adjust the script accordingly.

This is just a sample standard script as an example.

So something along the lines of, before I get started, I want you to know that everything here is confidential, meaning I won't talk to anyone unless -- unless what is -- sorry.

Unless you tell me you're being hurt physically or sexually by someone, or if you're planning to hurt yourself.

So this is just a scam many script.

-- a sample script.

Moving into the UE, which is universal education, as I mentioned, this differs from a traditional screening practice in that it is a conversation rather than just direct screening questions.

And it's also not dependent on a disclosure for the patient or client to receive resources.

So it's really a conversation that just provides an opportunity for patients and clients to make the connection between violence, health problems, and risk behaviors.

And I also wanted to mention that if you are at a health center and you already have an adolescent relationship abuse screening in place as part of your requirements, this universal education piece can still be done in addition to that.

So we recommend that you -- the universal education is done first so that conversation occurs.

And then followed up by direct screening questions.

So again, it is making sure that everyone receives information and resources for support.

So I wanted to take a minute to highlight some of the panels that are on our Muslim youth safety card.

So this panel is pretty -- this is one you can point out as part of the universal education, the conversation.

So this panel is about healthy and respectful relationships.

So it just points out sometimes -- some kind of a -- what everyone deserves in a relationship.

So what you feel comfortable doing sexually if anything at all, your views on religion, or religious, slash, cultural beliefs.

Your space to hang out with friends and family.

Your gender identity and sexual orientation, and your choices of what to wear.

So this particular panel here is actually similar to the healthy relationships panel we have in our other cards as well, including the adolescent card we have for the general adolescent population.

But one thing that's different here that is specific to Muslims is the inclusion of the line "your views on religion or religious/cultural beliefs" because this is a common dynamic that happens in relationships among Muslims.

So important to just note that.

This is slightly more tailored here.

And then another panel that I wanted to point out that would be helpful to mention to a Muslim youth that you're working with is this panel on, but what about religious and cultural tradition?

So as I mentioned before, this is a panel that is really unique to this card, because it's so specific and tailored to Muslim youth.

And because the panel is actually so long, I couldn't include the whole thing here, so I just want to give you an idea what's included there.

So it's just really some validating messages for young Muslims and how they're thinking about how their faith and cultural identity overlapped and intersected with their sexual identity and their decision making around sex and relationships.

So the first one being that just acknowledging that American Muslims are racially and ethnically diverse, and are also diverse with respect to religious practice.

So just acknowledging that there's not one right way to be a Muslim.

There's many different ways.

Also just noting that having questions about your body and sex is natural and nothing to be ashamed of, that there's a long history in Islam about asking questions openly and without shame.

Also your decisions about sexual health or your own decisions, and they can also change over a lifetime.

And this could include decisions and choices about being abstinent, about using birth control, about getting pelvic exams and about addressing sexual violence.

And so we also mention, and it's not included on the screen here, there's a note also on this panel that Islam is a faith tradition that values mercy, compassion, and love, and just to consider how this might apply to your relationship with yourself, with your family, and your partners.

So I also wanted to acknowledge that this card was made by Muslims, and also we had a lot of input from Muslim youth across the country who were really involved in this process, so even if you yourself aren't Muslim, just know the process of developing this card and there's also organizations that serve Muslims more directly who can be a source of support, and there's resources on the back for you as well.

And before I move on for the card, I wanted to mention that you'll see that there's a panel that is mentioning how to help a friend.

So just has tips on there for what to keep in mind if you are concerned about a friend that you have who might be experiencing abuse in their relationship, and just keeping in mind things like not being judgmental, making sure to listen, and I think these tips are also helpful for providers as well as you're working with Muslim youth.

So feel free to check that out.

And I only have a few minutes, so I apologize, I'm going to move a little bit more quickly through the rest of these slides.

So the S, the last step of CUES stand for support.

And these are specific to health settings here, but just some tips for how you can focus on harm reduction strategies if someone is experiencing violence and this can look different in different settings, for example, primary care, asking if anyone is preventing you from getting your medication, or reproductive health settings, if anyone is preventing you from using birth control.

Or wanting you to get pregnant when you don't want to be.

And also for behavioral health, acknowledging that any time someone is smoking or drinking or using drugs, I just want to know how their relationship is going, because when relationships are hard, it can affect use.

So we mentioned one of the barriers to addressing adolescent relationship abuse is just not knowing what to do when disclosures happen, because even though disclosure is not the goal, they also do happen.

So I wanted to just touch briefly on some one-line scripts that are validating messages in the event of a positive disclosure.

So something along the lines of, 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.

Or, I'm concerned for your safety.

So the importance here is just being able to recognize and validate the situation that this person is experiencing.

And that is really invaluable.

So then as I mentioned, there's some resources on the back of the card for support.

So there are national hotlines available 24/7 through the phone, or through online chat.

Which you can offer to someone and whether or not they are experiencing abuse, it's helpful for them to know.

And if they would like to give a card to a friend.

And then we have some more Muslim-specific resources on the right, the Muslim alliance for sexual and gender diversity, and HEART Women & Girls has an ask a question feature on their website as well.

Then lastly, I mentioned providing a warm referral to a domestic violence program.

So this can be if someone has disclosed abuse and you can offer a connection to a local domestic violence program.

And if they -- if this is something they're interested in, you can offer to use -- you can offer your own phone, and doing this right there is actually a really increases the chances of follow-through, so rather than having it be something that they have to do later on.

And the key here to a warm referral is that you really have an ongoing relationship with this domestic violence program.

That you are familiar with their location, their hours, the services they provide, the languages they provide services in, you know the name of the person that you're going to connect this client or patient with, and this really makes all the difference, rather than just handing a phone number or a website.

Really just facilitating that relationship makes all the difference.

So I am out of time, I apologize, I know the end was a little bit fast there, but we'll have time for Q and A at the end.

And I'm going to go ahead and hand it over to Khadijah.

>> Hi, everyone, good afternoon, can folks hear me okay?

>> Yes, we can.

>> Okay.

Great.

Thank you.

So, my name is Khadijah Khan, and I am coordinate the Muslim youth leadership council at Advocates for Youth.

A bit about Advocates for Youth, we are a national sexual health and reproductive justice organization.

And we work specifically with young people all across the country.

And we do this through different youth engagement programs that typically look like youth councils that are either issue-based or identity-based, so, for example, we have the youth council on queer and trans young people of color, for young women of color, we have one on young people living with HIV and aids, we have a council on title IX and on campus activism, and one of our newest councils is one I coordinate, and we have a specific focus on LGBTQ Muslim young people working on issues around sexual health, reproductive rights, immigration, racism, etc.

And so to start off, I -- apologies, sorry, I muted myself.

First off, if folks could just engage with the chat box one more time, and talk about what are possibly some issues facing young, queer Muslims in America today?

Homelessness, yeah.

Stigma, no safe spaces for being out.

Lack of visible reputation.

Denying they exist.

Quote, being queer, for white people.

Having to segment their identity, isolation, unemployment, family unacceptance.

Lack of shelter.

Spiritual isolation.

Inability, difficulty to come out.

And so on, and so on.

Yeah.

Feel free to keep adding some issues.

And some of the things that were brought up when this question was asked to the Muslim youth leadership council last year were things ranging from stigma, silence, racism, police violence, relationship violence, mental health, state violence, STDs, HIV, anti-Muslim policies, and so on.

This list was created by young folks.

And it really highlights that not only are young queer Muslims facing not only young people face in general, just being a young person growing up, but they also face what comes with the intersections of also identifying as LGBTQ and also identifying as Muslims in America.

And some that have really come up for our council have been around mental health.

That is something that is -- we have conversations around, that folks are interested in learning more about and speaking more about, and as well as general stigma and silence.

And particularly the police violence and the state violence that Muslims are facing in this country.

And while we know that these issues out there exist, we would rather not spend all of our time thinking about the barriers and the issues that young people are dealing with, but rather to focus on positive things that have come from adults, allies and other allies who are investing in young Muslim, young Muslims and providing safe spaces for them.

So this is a photo of the inaugural cohort of the Muslim youth leadership council.

And file C is a national group, so these young people come from across the country.

With have folks in rural Colorado, in Wisconsin, Florida, New York, California, up the East Coast and so on.

And their ages range from anywhere from 16 to 24, so we have high school students, college students, and post-grads as well.

And what is important to note that advocates for youth has been working with Muslims since about 2008, we had something called the Muslim youth project, where we worked with Muslims serving organizations, HEART Women & Girls being one of them.

And provided technical support and so on and so on.

And then it was only after the 2016 election that we were able to get funding for this council, and so I'm just going to talk a bit about what's come from that and a bit about the importance of having youth spaces such as this.

So on the importance of -- it's important to note these issues have always existed.

So one of the things that folks mentioned in those barriers is lack of acknowledging that LGBTQ Muslims exist.

While Nadiah and Anisa highlighted there's been great sexual and gender diversity throughout the history of Islam forever, and -- but this has been shut off to folks, but even more so, growing up post-9-11, growing up in this particular political climate, the importance for having an LGBTQ Muslim space is just exacerbated.

And so to continue, something that happened last summer that I'm sure many folks know about, that was really defining moment in the LGBTQ Muslim community was what happened in Orlando and the pulse tragedy.

And this was a moment that we saw where folks from all over the country and all over all the spectrums were trying to divide Muslim and LGBTQ communities even further.

They tried to pit our communities against one another, such as saying that Muslims are inherently homophobia, and we even heard this rhetoric coming from LGBTQ people themselves.

And what happened with Orlando is that particularly LGBTQ Muslim young people who were watching this happen felt even more isolated and felt even more disconnected and invisible at this particular moment.

And so since then, there's been a lot of really beautiful mobilization that has happened to try and bridge these communities together after such a tragedy.

So like I said, the Muslim youth leadership council just concluded its very first year.

It's a council that runs from September until may, so folks apply around April and they then convene for the first time in September coming up here.

And so the description of our group is to engage in mobilized young Muslim identifying people ages 16-24 into action on sexual and reproductive rights, racial justice and immigrant rights on a local, state, and national level.

We have four main bucket areas, that we work on.

The 1st being countering Islamophobia and anti-Muslim hate and bigotry.

What this has looked like for us is holding campaigns to expand ideas of who Muslims are.

I'll talk more about that shortly.

And generally pushing back on the anti-Muslim environment that is ripe right now.

And also building a space for young Muslims to come together.

The second being sexual health and reproductive rights, as we've learned that there's a great need for more conversation, more access to resources, and more information for young people on their sexual health and reproductive rights.

Frankly in a lot of our communities it's not something that is talked about.

And young people deserve the right to know about their body and their health and safety.

And then thirdly, LGBTQ rights and supporting queer Muslims.

Folks on the Muslim youth leadership council, many of them identify as LGBTQ themselves, but many also identify as allies, and this is really served as a safe space for young people to come together and share their difficulties, share their accomplishments, we're walking with -- walking through the process of having folks apply to college, having folks come out to their families, not come out to their families, and so on.

So just having the ability for young people to get to know one another and to see that oh, I may be the only young person, young Muslim person who lives in rural Colorado, but I know someone who is also LGBTQ and Muslim and young across the country.

And we talk every day type thing.

And the last is racial justice, encountering antiblackness in our communities.

African-Americans make up a huge demographic, 30% of North American Muslims.

And this is actually the greatest percentage of young people on our council is black women, young black women.

And also as we know, there's a lot of antiblackness that exists everywhere, but particularly in Muslim and south Asian communities so we do trainings around encountering antiblackness and working towards racial justice.

I wanted to share with you all the mission statement.

This was what a short thing that MyLC wrote at their opening ceremony and everybody retreat, and I think it gives voice to the kinds of young people that we have in our group and the passion that they have.

So they introduced themselves by paying homage to the tribe, where this retreat happened in Washington, DC and that was their land.

And they said as Muslim youth leadership council we seek to dismantle white supremacy, the prison industrial complex, antiblack racism, Islamophobia, and antiMuslim hate.

We work to promote LGBTQ health and rights, immigrant rights, and the sexual and reproductive health and rights of Muslim identifying people.

We also are conscious of disability justice and indigenous rights and will work to incorporate these and other liberatory -- next, this is another photo from urban retreat last year, and these are some of the folks on the council.

And we convene every year in September and do -- have five day-long trainings that include and will include upcoming queer sex Ed with a Muslim focus.

So we want to make sure all of our young people who are a part of the council not only who are advocating for all of these issues, also have that information and those resources for themselves.

So we train on the score bucket areas, and -- the four bucket areas, and they'll have a sex Ed session, and they also will have trainings around antiblackness, on organizationing on their campuses, it's often

difficult to work with mainstream LGBTQ communities and mainstream Muslim communities if you identify within both of those.

We see a lot of disconnect, so what we try and do is bridge -- bring the LGBTQ perspective to Muslim spaces and the Muslims with respect to LGBTQ spaces.

And then additionally we have this campaign called #Muslimand and the deal was to combat Islamophobia by expanding the ideas of what Muslims could be.

Because young people said they so often find themselves saying, I'm Muslim, but I'm not homophobic, or I'm Muslim, but I'm accepting of this, or, I'm muslim lineup but I'm sexually active.

So we wanted to push back on that idea and allow for folks to define themselves through saying, I am Muslim and this.

And so during the campaign we had Facebook filters, we had a social media storm, we had articles published online that I can send out to folks.

And they held events on their college campuses and really used this as a moment to when Muslim are hyper visible back in the fall, you know, as a moment to bring some beauty and bring some support from Muslims around the country.

We convened a second time at our midyear retreat, which happens at the end of march, and beginning of April.

And we had a session that this photo is from on decolonizing gender 101 in Islams sorks we were able to have a presentation from some really incredible people, Malcolm shanks who trains on this, and he was able to come and break down background and give some historical context for gender diversity in the Muslim tradition.

We also did things at the midyear retreat on -- around healing and around justice.

And so this is them at a yoga session.

But also we had young people lead a session on DIY Islam, and that's something they've really taken and run with in terms of healing lens that so often young people suffer so many traumas from growing up Muslim in this country, and the cultural and communal stigmas and issues that come with it that we learned about earlier.

So they've taken it upon themselves to work on some healing things around do it yourself Islam.

And so some of the -- I wanted to before moving into recommendations and suggestions, share a bit about the amazing work these young people are doing.

Two of our folks were leaders of their city's women's march, Tay created an Islamic healing space, and I would recommend that to folks in the Michigan area.

It's a really incredible healing space that incorporates disability justice as well.

We have a young person going to school to become a social worker to focus on healing trauma for queer Muslims, we have a young woman create a workshop on financial literacy for Muslim women.

And several members have created 'zine and art pieces, utilizing social media to tell their stories, held leadership positions on campus and served as community leaders.

And something that is really important to share with you all, about upcoming resources that we have young folks working on.

So we'll be coming out with a guide in the next couple months after review, called I'm Muslim and I think I might not be straight, and it's a resource guide for a young questioning Muslim, and it is going to be resources for folks who have questions to get some information that is Muslim specific and LGBTQ specific.

And there will be lesson plans that go with that as well.

And so to move on quickly to how can providers do better for serving young LGBTQ Muslims?

First and foremost, assuring that when a young Muslim walks into your room they aren't and do not feel immediately shut out.

So making sure you have culturally competent staff and volunteers who are familiar with the needs of Muslim youth and train them to be judgmental, because the last thing you want is when a young person walks into immediately feel judged and to immediately feel closed off from seeking help.

Secondly, do not assume, and this is so important, do not assume that a young person's religious at the means they are or are not having sex.

So often what we hear about and what we see is that providers who serve visibly Muslim young people won't even ask questions about sex.

Will assume that because of their religiosity, that means that sex isn't happening.

And that is extremely dangerous, assumed -- it's extremely dangerous.

So, for example, if a woman is wearing a hijab it does not mean she is not sexually active.

Even if there is a young Muslim woman in your office, don't assume the gender they may be having sex with.

That is also something that can be harmful.

It's hard enough for folks to -- young people to share that information in the room with their service providers, and make sure that they have yes or no options when it comes to who they are having sex with.

So that they can get the information they need.

And then continue to ask questions to support young people's health and safety.

So not assuming anything that's happening, whether they are, or whether they're not having sex.

And if they're not having sex, respecting that and making sure that they have a comfortable and safe environment to explore other things and other questions that they may have for you as service provider.

Secondly, making sure you have accurate culturally and linguistically appropriate and reliable resources and materials regarding the sexual health and reproductive health of Muslim youth.

There are so many resources HEART Women & Girls has, that advocates for youth is coming out with shortly that will be of use in this regard, and really utilizing that safety card that Nadiah just told you about.

And additionally, we really need more research on this.

We need more research that we can know and eliminate the myriad and complex issues around this.

There's not that much out there right now, we're developing a fact sheet on reproductive justice in Muslim communities and the gaps in research are so, so stark.

Additionally, conducting what you can do furthermore is conduct a comprehensive needs assessment as a community to develop effective programs.

So really taking a look at the young people in your community and then also enhancing communication between parents and adolescents about sexuality that comes of course with cultural sensitivity and cultural barriers so making sure that the folks who are doing that type of education have the cultural and linguistic background that is the same as a community they are serving.

And then with that as a next step, including parents and adolescent reproductive health programming and finding ways to engage the entire Muslim community.

As you can see by the existence of HEART Women & Girls, there are adults and there are people who are Muslim and who care about helping their young people and who care about giving them the right information that they need.

And lastly, develop programs for and led by youth.

So you learned about the Muslim youth leadership council, that is something with right training and support can happen in your community as well.

So having -- making sure that the program is working on the needs that have been identified by Muslim youth, rather than needs perceived by adults.

And having peer-led programming so that they can further build relationships and build community with other folks around them.

And then providing them further opportunities to build schools -- to build skills, effective programs to promote and encourage skills, such as developing healthy relationships, and really the key issues of negotiating safer sex with partners, making sure these are resource and information available to young Muslims.

And then also having programs that are specific to Muslim youth.

That can help them further dive into issues regarding sexuality, gender identity, culture, race, ethnicity, and Islamophobia.

So before I close out, just how to be in solidarity for folks on the call now.

Not assuming someone's religiosity has a relationship to the way they think about issues around LGBTQ rights, sexual health, and racism.

Research foundation came out with a study less an year ago that Muslims are more accepting of LGBTQ folks than evangelical Christians, so really breaking down the stigmas as well.

And how you think of anyone bringing in the wholeness of the mugs limb person and identity and their self-identities and not fragmenting those identities and not putting people into boxes and allowing for the existence of people to be #Muslimand.

Also do not assume that Muslims working on sexual health and reproductive rights can only do this within a secular context.

Like we said, Islam is a very sex positive religion and HEART Women & Girls have created amazing resources that incorporate faith into sexual health care.

And then generally just pushing back on Islamophobia and antiMuslim hate on a social, cultural and institutional level.

And then really we need male allies, we neat straight allies and nonMuslim allies to speak up.

So thank you so much for your time.

And next we will be moving into the question and answer portion.

If you have any further questions about the Muslim youth leadership council my e-mail address is on this slide.

Thank you so much.

>> Thank you so much, Khadijah.

And so we'd like to open it up now to some questions and answers.

Feel free to use the chat box and we would love to hear what you'd like to share.

We'll go ahead and stay on the line for a few minutes.

So we have a question about how would you broach the subject of healthy relationships with conservative youth.

I think this is a great question, and Nadiah or Khadijah, feel free to jump in.

The specifics to the Muslim safety card, we wanted it to speak to all different levels of practicing or nonpracticing Muslims, like Muslims of various religious practices, conservative or not, and I think it's just working within where they're coming from within their frame.

And sort of just meeting them where they're at.

And Nadiah, Khadijah, feel free if you have anything to add as well.

>> The only thing I would add to that is explaining to Muslim youth, [indiscernible] earlier about external religiosity doesn't necessarily translate to somebody's sexual health decision making, but that being

said, I think the way I would approach it is in a nonjudgmental way, even if they're not engaging in a relationship right now this minute, they just -- it's a life skill, knowing how to identify healthy relationships and boundaries and consent is a life skill that you need regardless of whether you're in a relationship outside of marriage or within marriage or whatever.

And so approaching it that way and saying, we're not making any judgment about whether or not you're in a relationship right now, whether it's premarital or not, but rather just talking about relationships in general and eventually one day most people end up engaging in a relationship, even if it's a marriage, they are engaging in a relationship so it's important for young people to develop the skills to understand and identify what makes a healthy relationship and what doesn't.

>> Thanks, Nadiah.

And we also have a question, do you work with local mosques to educate congregation and host educational seminars, how is has that relationship been, have you found it hard to convince leaders this is an important topic?

At Futures we don't provide direct services.

We especially with our health work, we work mostly with health care providers, health center administration, and domestic violence advocates.

So we don't work directly in the communities.

But I know that Nadiah and HEART Women & Girls have done a lot of -- a lot more direct service work.

>> Yes.

So we do work with mosques, most of our work is on college campuses and also self-posted.

We have worked with some mosques and ultimately it literally depends on the community and how willing they are to bring us and prioritize this programming and all of the different things that are required getting their board approval, getting the necessary funding, etc.

So that work, as you know, most mosques are dominated by heterosexual males, and so this programming is not being prioritized.

So we often do a lot of -- place a lot of obstacles in get can our programming in those spaces.

So one of the ways we found around that is one by [indiscernible] so people can come to us and two, by targeting students on campus, because those organizations are generally a little bit more open to having us, and three, we built out our website and our virtual resource center to acknowledge that people may want to go access information virtually, which is why we have a lot of conversations with school kids in webinars and videos.

>> Thanks, Nadiah.

It looks like there's a question for Khadijah.

Do you guys have like a collaboration with an Imam or mosque in terms of -- in terms of LGBTQ issues?

>> Right.

So we work closely with the Muslim alliance for sexual and gender diversity.

My boss actually was one of the cofounders.

And through that relationship we have started to build up a partnership with Imam, who is an openly Gay Imam, so we are looking to build further relationships and work more closely with local mosques and groups.

But I know -- we know that is a really sensitive issue, not only because these are LGBT Muslim issues, but also because these are young people, and there's also difficulties with ageism in the community as well.

So kind of not an alternative, but in addition to the work that we are hoping to do with that.

And have done with that.

It's building out spiritual spaces for LGBTQ Muslims themselves.

And so like I mentioned the group in Michigan, that was started is a spiritual space for LGBTQ Muslims as well as incorporating prayer into different conference space and different meeting spaces that we have with LGBTQ Muslims.

But that will be some future work that we have upcoming.

>> Great, thanks so much, Khadijah.

So we are actually at our time for today.

Thank you so much to everyone who joined, thank you for your interactivity, for your conversations and questions and comments.

And thank you to Khadijah and Nadiah for being a part of this webinar.

So thanks, everyone, and have a great day.

>> Thank you.

>> Thank you.